A Public Dialogue On Health Care

A Report To The Ministry Of Health And Long-Term Care

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I. Executive Summary

I. Executive Summary

A. Introduction

In its continuing effort to improve the health care system for the Ontario public, the Ministry of Health initiated a dialogue with the public to better understand their assessments and experiences with the health care system, what they value and what they believe needs to be improved. A survey was mailed in early August 2001 to over four million households in the province inviting feedback about the health care system. The response to this questionnaire was unprecedented. To date, we have received over 401,000 responses, which represents 10% of the households in the province.

This report is based on the 401,473 questionnaires received by the Ministry before December 1, 2001. The survey consisted of both closed-ended questions (those with specific response categories) and open-ended questions in which respondents wrote in their response. All returned questionnaires were read and data entered and form the basis for the report.

An obvious question in any survey is the extent to which the results can be generalized to the population overall. It is not possible to determine in any scientific way how accurate these results are, based on the 10% of households responding to the survey. We know, for example, that more women and seniors responded. However, the number of Ontarians responding to the survey represents an extraordinarily high response rate for a survey of this type. Those who responded use the health care system regularly, and took the time and effort to provide their thoughts about our system and how it can be improved. These responses should therefore be given careful consideration as they represent the views of a large number of residents of the province who are concerned enough about the healthcare system to take the time and make the effort to give us their thoughts.

In order to have a basis for comparing of the perceptions of Ontario residents with the country as a whole, a separate national telephone survey was undertaken in October 2001 using the same basic questionnaire that was mailed to Ontario residents. The essential difference between the two questionnaires was that the open-ended questions were not asked, but all the closed-ended questions were asked. The national sample consisted of a random sample of 800 Ontario residents, and of 200 for each of the other provinces, except Quebec where 300 interviews were completed. The weighted national sample yielded a sample size for the country overall of 1,191 and for the balance of Canada of 746. The confidence intervals for the Ontario sample of 800 and the rest of Canada sample of 746 are, respectively, ± 3.46 percentage points and ± 3.58 percentage points at the 95% level, and for the national weighted sample of 1,191 it is ± 2.84 percentage points. In the analysis to follow the national survey results are shown for Ontario compared against the rest of Canada and the country as a whole.

I. Executive Summary

The results of the Ontario portion of the nation-wide telephone survey are, in some instances, significantly different from the results of the household survey. This in itself does not mean that the household survey results are invalid. First, some shifts in attitude may have taken place between July and October. Second, and as noted above, the fact that more than 401,000 concerned residents took the trouble to complete the survey suggests that their views should be taken seriously.

B. Who responded

Those who responded to the household survey are in many ways typical residents of the province. We did, though, hear from more women than men (64% compared with 36%) and from older residents. The median age of survey respondents is 53 years, while the median age of the adult population of the province is 42 years (Statistics Canada, 1996 Census). In fact, fully 29% of those responding to the survey are senior citizens, compared with 17% among the Ontario adult population. In terms of the level of education and household income, those returning surveys match the Ontario population.

We also heard from people from all over the province. Over three-in-ten (33%) responses came from South West Ontario, including Hamilton and the Niagara region. Another 34% came from Toronto and the suburban area stretching from Oshawa to Oakville to Newmarket, and 17% responses came from the eastern part of the province. Finally, 8% of responses came from Northern Ontario and another 8% from the Central Ontario.

C. Using the Health Care System

i. Most recent usage

Those responding to the survey not only used a variety of different parts of the health care system (next section), but also recently used the system. In fact, some insight into the heavy use of our health care system comes from the fact that two-thirds (66%) of those responding to the survey report having used the health care system within the last three months. A further 14% report having used the system between three and six months ago.

ii. Recent experience with specific health care services

Household survey

In order to better evaluate the different elements of the health care system, Ontarians were asked whether they, or an immediate family member, had recently experienced a variety of health care services. These included: emergency rooms, hospitals, diagnostic testing, family doctors, long-term care, home care, the provincial government drug prescription plan, or mental health services. Those who had had a recent experience were asked to rate that experience.

All the services tested had been used to some extent by those responding to the survey. However, some services are clearly used much more frequently than others. Almost all (92%) respondents reported that they or an immediate family member had had a recent experience with a family doctor. Similarly, large numbers (81%) of respondents reported recent experience with diagnostic testing. Presumably, some of this reported testing arose from visits with a family physician.

A surprisingly large number (74%) of respondents also reported that they or an immediate family member had had a recent experience with an emergency room. There was also fairly significant exposure to hospitals (59%).

The level of reported recent exposure to the government-provided drug plan also was quite high, with close to half (44%) reporting recent experience personally or by an immediate family member. This response may, though, be an overstatement of use since quite heavy use is reported across all age groups (34% among those aged 45 to 54 years of age). It is possible that many were thinking about drug prescription plans in general, and not just government-provided plans.

Exposure to home care (30%), long-term care (22%) and mental health services (13%) were each cited far less frequently, but in the case of home care and long-term care a third and a fifth, respectively, reported experience either personally or through an immediate family member.

About one-in-six respondents (16%) reported use of other health care services. These respondents reported having recent experience with chiropractors, physiotherapists, out-patient services, cancer treatment, massage therapy, dentistry, eye care, naturopaths, audiology and prenatal care.

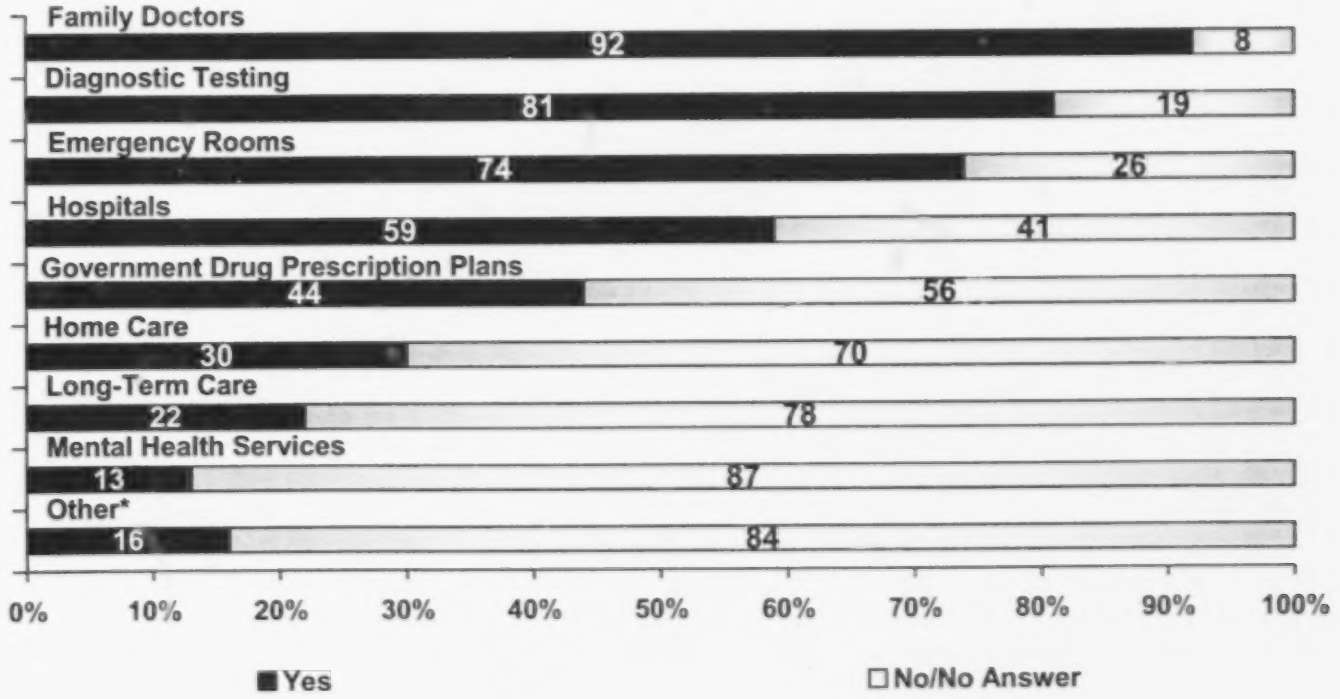
I. Executive Summary

Nation-wide survey

There are a number of differences between the household survey results and the Ontario portion of the national survey. In particular, household survey respondents reported a greater frequency of visits and or usage of specific services than was reported by telephone survey respondents. Most notably: visits to a family doctor (92% versus 80%), emergency rooms (74% versus 55%), diagnostic testing (81% versus 51%) and usage of the government provided drug plan (44% versus 35%). The implication here is that those who responded to the household survey are slightly heavier users of these services than the public overall. This is not, however, a factor of the household survey having a disproportionate number of seniors responding and that older people use more health services. In fact, there are few variations in reported usage among household survey respondents by age. The only service for which age is a factor and explains the difference in usage between household and provincial survey results is the drug plan, of which seniors are clearly far heavier users.

There are no major differences in reported recent personal and or family member usage of health care services when Ontario responses are compared with the rest of the country. The only substantive difference is in home care service usage: 26% of Ontario residents report usage compared with 17% for the rest of the country.

Figure 1: Recent Experiences with Sectors of the Health Care System – Household Survey



Have you or a member of your immediate family had a recent experience with…

Base: *Total Mail respondents (n=401,473)*

Note: *Respondents who completed the following satisfaction question were classified as "yes" in this question. Those who did not write in anything at this question or did not answer the following satisfaction question were classified as "no/no answer."*

* *Includes chiropractors, physiotherapists, out-patient services, cancer treatment, massage therapy, dentistry, eye care, naturopaths, audiology and prenatal care*

iii. Level of satisfaction with health care services used

Household survey

Overall, there is considerable variation in levels of satisfaction across the range of health services recently experienced by respondents. Two service areas dominate in terms of satisfaction – family doctors (85%) and diagnostic testing (82%). However, respondents are more intensely satisfied with family doctors than they are with diagnostic testing (56% report that they were "very" satisfied compared with 46% for diagnostic testing).

Reported satisfaction with the government-run drug prescription plan and with home care is also quite high, with 78% and 69%, respectively, reporting that they were at least "somewhat" satisfied, and 42% and 36%, respectively, saying that they were "very" satisfied with the service they received. Although a majority of respondents also report that they were at least "somewhat" satisfied with recent in-patient hospital (68%), long-term care (59%) and emergency room (54%) experiences, the intensity of their satisfaction leaves considerable room for improvement, as fewer than three-in-ten report that they were "very" satisfied. Finally, only half (50%) of respondents rate their recent experience with mental health services as at least "somewhat" satisfying.

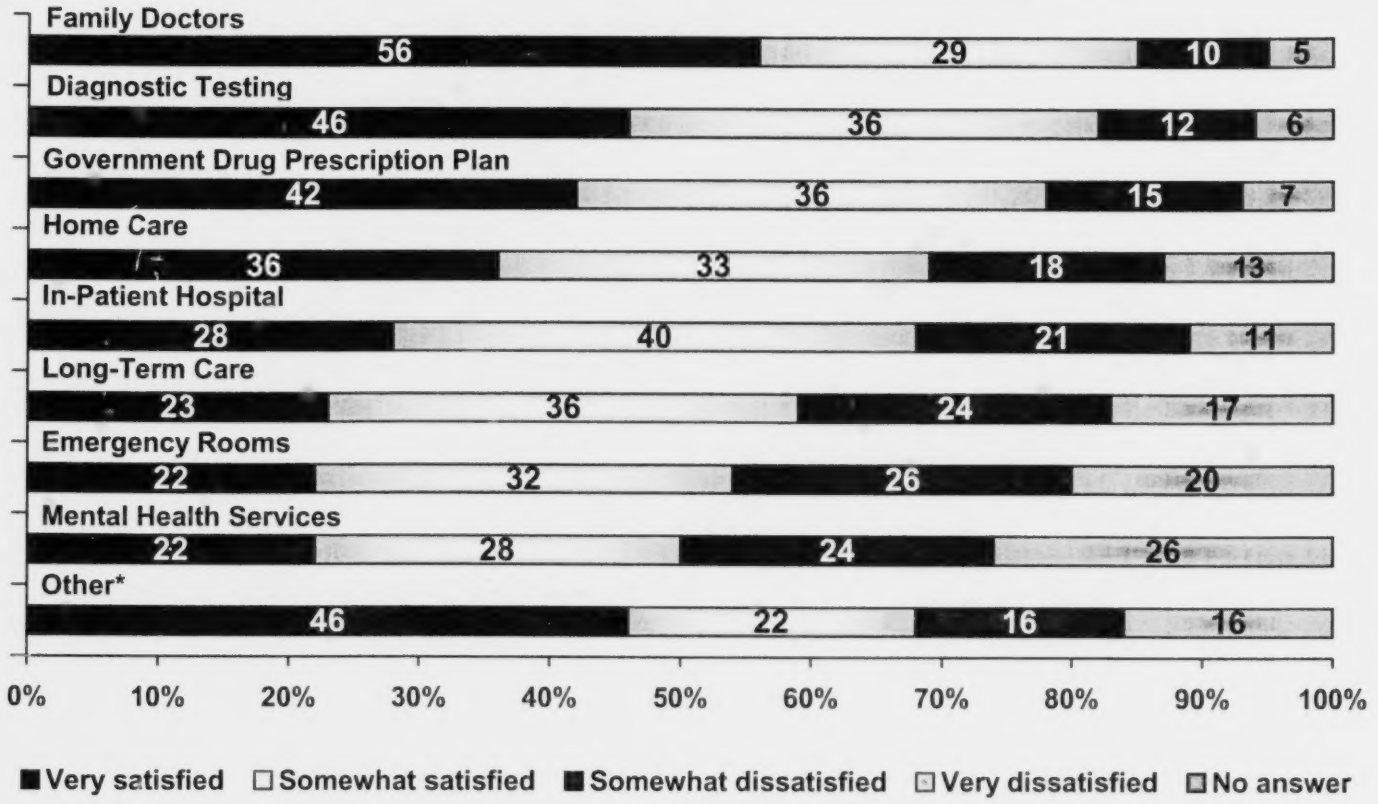
I. Executive Summary

Nation-wide survey

Levels of satisfaction across specific services used by those completing the household survey and Ontario residents overall are quite comparable and in most instances differences in satisfaction with the services provided are within three or four percentage points of each other. For example, family doctors continue to receive the highest rating with 87% reporting that they were satisfied compared with 85% for the household survey. Where there are differences, and they are typically not great, these are with the intensity of satisfaction reported. There are six service areas where there are differences in those saying they are very satisfied of more than five percentage points, and for five of these Ontario residents gave a higher rating than household survey respondents. Those where the Ontario survey yielded higher levels of very satisfied responses include: family doctors (where 61% in the Ontario survey report being very satisfied and 56% did so in the household survey), in-patient hospital services (36% Ontario and 28% household), home care (43% Ontario and 36% household), long-term care facilities (33% Ontario and 23% household), and emergency rooms (29% Ontario and 22% household). Only one service yielded higher levels of very satisfied responses among household survey respondents: diagnostic testing (41% for Ontario and 46% for household respondents).

When satisfaction levels with services used in Ontario are compared with levels in the rest of the country, in many instances differences are small, although in two instances (home care and long term care facilities) there are 9% and 12% differences in reported satisfaction, with those outside of Ontario reporting greater levels of satisfaction. In some areas of services experienced recently, namely family doctors, diagnostic testing, in-patient hospital, and emergency rooms, differences in satisfaction and the intensity of this satisfaction are minimal. In the case of services provided by specialists, Ontario residents give a somewhat higher satisfaction rating than those in the rest of the country (87% versus 83%).

Figure 2: Level of Satisfaction with Recent Experiences – Household Survey



How did you feel about the care you received?
Base: *Varies by usage*
Note: *No Answer responses are each less than 1% and are not shown*
* *Includes chiropractors, physiotherapists, out-patient services, cancer treatment, massage therapy, dentistry, eye care, naturopaths, audiology and prenatal care*

iv. In their own words

Irrespective of the service they used, those responding to the question about their experience invariably focused on the quality of care that they received, both in terms of its competence and in terms of the caring they received. Examples of this include a respondent commenting on a recent diagnostic testing experience who wrote:

> *"The technician was very good with my daughter."*

Another respondent commenting on a recent visit to the family doctor wrote:

> *"My doctor was able to speed things up with specialists and answers questions that others don't have time for."*

Still other respondents in commenting on recent visits to emergency rooms noted:

> *"All staff seemed concerned and acted promptly."*
>
> *"The paramedics were very competent and should be commended."*

Recent stays in hospitals elicited the following comments:

> *"The level of knowledge the medical staff have is awesome and we felt very reassured."*
>
> *"Quality care in day surgery by the nurses … They were wonderful!"*

Although respondents recognized the virtues of our health care system, they also commented on what they saw as its faults. When asked to identify what they did not like about recent experiences with various health care services, three broad areas of complaint emerged. One was the sense among respondents that there were staff shortages (including doctors and nurses), which they believed led to staff appearing overworked and stressed. Related to this was the issue of excess waiting times to access a variety of services.

Examples of comments dealing with these issues include:

> *"Physicians are overworked – not enough physicians in our rural area. Long waits in the waiting room. Plus a long wait to make an appointment."*
>
> *"The doctor is visibly overworked."*
>
> *"I had to wait 8 months for an MRI."*

Comments regarding shortages and overworked staff tended to focus on services such as: family doctors, in-patient hospital experiences and long-term care. Complaints about the time required to access a service or waits for services focused on services such as: family doctors, emergency rooms, and diagnostic testing.

The third area of complaint focused on the poor quality of service provided or about rude or unfriendly service. These comments were especially numerous with regard to hospitals, long-term care facilities, home care services, and mental health services, and were often as frequently mentioned as overworked staff and staff shortages as concerns. Examples of this type of comment made in reference to hospitals include:

> *"No support from nurses in the hospital. They are 'too busy' and I needed my family to provide basic care."*
>
> *"The patient gets very little attention from professional staff."*

With regards to home care, one respondent stated:

> *"Staff are undertrained and unprofessional. I had to fight for every hour of service."*
>
> *"Sometimes personnel were not as well trained as they might have been."*

One respondent who had experience with long-term care noted:

> *"Poor level of care."*

The focus of concern noted above is strongly linked to the improvements respondents would like to see made to the health care system. Many of these suggested improvements, and especially those that concern family doctors, emergency room, hospitals, and diagnostic testing, focus on either increasing the number of health care workers and or reducing waiting times/speeding up access to services. However, improving the quality of care and service provided and eliminating rudeness and unfriendly attitudes among health care professionals are also cited in relation to hospitals, long-term care facilities, home care services (especially), and mental health facilities.

Further examples of the range of comments dealing with these three issues include:

> *"MORE DOCTORS! So that they can give patients the time and attention they deserve."*
>
> *"Faster service – 8 hours is about average for our hospital emergency room … and that is not acceptable."*
>
> *"I might be sounding like a broken record, but we need more nurses and doctors."*
>
> *"More empathy from doctors and greater listening skills."*

D. Rating the Health Care System

i. Overall rating of the health care system

Household survey

While the ratings of certain services are very positive, these ratings do not translate into as strong a positive rating for the overall quality of the health care system as might be desired. In fact, of those returning surveys, few gave the quality of Ontario's health care system a rating of excellent (5%), although fewer than one-in-five (18%) rated the system at the other end of the scale, evaluating the quality of the province's health care system as "poor" Instead, most (72%) rated the system as "good" (36%) or "fair (36%). Looked at another way, when the first two categories are combined, then 41% rated the quality of the system as "excellent" or "good".

I. Executive Summary

Although ratings of the health care system overall could clearly be improved, there is nonetheless a considerable amount of pride attached to the system. This is evident from the fact that 74% "strongly" or "somewhat" agree that "one of the things that makes Canada one of the best countries in the world to live is the quality and availability of care". This suggests that there continues to be a significant level of pride in Ontario's health care system. In fact, when asked why they answered the way they did, those who agreed that health care makes Canada one of the best countries to live most frequently cited the quality (34%) and availability (29%) of the health care system.

Nation-wide survey

While those responding to the household survey and the national survey rate the various services they used quite similarly in terms of satisfaction, when asked to rate the system overall, household survey respondents are far less positive than Ontarians generally. In all, while only 41% of household survey respondents rate the health care system in Ontario as excellent or good, 55% among those interviewed by telephone gave this rating to the system.

In fact, Ontario residents are also well above the average for the rest of the country. In all, only 40% of those living outside of Ontario rate the health care system in their province as excellent or good.

I. Executive Summary

Table 1: Rating of Quality of the Health Care System - Household Survey

	Quality of Ontario's Health Care System (n=401,473) %	Quality of Health Care Personally Received (n=401,473) %
Total excellent/good	**41**	**55**
Excellent	5	12
Good	36	43
Fair	36	28
Poor	18	12
No answer	5	5

Table 2: Rating of Quality of Health Care System - National and Household Surveys

	National Total (n=1,191) %	Ontario (n=800) %	ROC (n=746) %	Household Survey (n=401,473) %
TOTAL EXCELLENT/GOOD	**46**	**55**	**40**	**41**
Excellent	6	8	5	5
Good	40	47	35	36
Fair	37	32	41	36
Poor	15	11	17	18
No answer	2	2	1	5

Table 3: Perceptions Regarding the Quality of Health Care Personally Received in the last Year - National and Household Surveys

	National Total (n=1,191) %	Ontario (n=800) %	ROC (n=746) %	Household Survey (n=401,473) %
TOTAL EXCELLENT/GOOD	**67**	**70**	**65**	**55**
Excellent	18	19	17	12
Good	49	51	48	43
Fair	21	20	22	28
Poor	6	6	6	12
No answer	6	4	7	5

ii. Rating of the quality of health care personally received

Household survey

Personal experiences with the health care system are invariably more positive than overall perceptions of the system. In fact, when asked to rate their own experiences, a majority of Ontarians rated the level of health care which they received as "excellent" or "good" (55%), and only slightly more than one-in-ten (12%) of respondents rated their personal experiences as "poor". By comparison, only 41% of those returning questionnaires rated the health care system in the province as "excellent" or "good". This suggests that the lower level of satisfaction with the overall health care system may not be based simply on personal experience.

Nation-wide survey

While, as noted, those responding to the household survey are more positive about their own experiences than they are about the system overall, Ontario residents generally are considerably more positive about their own experiences than is indicated from the household survey results. In all, seven-in-ten (70%) report that their own experiences with the healthcare system in the province have been excellent or good. In fact, a fifth (19%) rate these experiences as excellent.

When these responses are compared with the ratings of the system overall, a considerable gap is apparent (70% versus 55%), which confirms that there are factors at work driving assessments of the system beyond the personal experiences of individual users and their family members.

Comparisons with the rest of the country show that Ontario residents are also more positive on this dimension, although the differences are not quite as large as for the other broad rating scales. In all, 65% of those outside of Ontario rate their personal experiences with their provincial health care system as excellent or good, compared with 70% among Ontarians.

iii. Level of improvement of health care in the community

Household survey

Although ratings of the health care system overall are mixed and those returning surveys generally report positive personal experiences using the system, there is a clear sense among a majority of Ontarians that the overall quality of health care has decreased over the past few years. In all, 62% told us that they felt the quality of health care has gone down "somewhat" (34%) or gone down "a great deal" (28%). Moreover, only slightly more than one-in-ten respondents believe that it has "improved", and only two-in-ten believe it has "stayed the same".

Given that the sense of declining quality is quite pervasive, it is not surprising that even among the many who rate their own experiences with the health care system as "excellent" or "good" there is a perception that the level of care is decreasing. For example, half (54%) of those who rated their personal health care experience as "good" feel the quality of health care available in their community to be going down. This was far less the case, though, among those who rated their personal experiences as "excellent". Among this group a quarter (26%) believe the overall quality of the health care system has gone down. While these proportions are significantly lower than the provincial average, they are striking given that even many of those with a more positive view of the system perceive the level of health care available as decreasing.

Nation-wide survey

Although a significant majority (62%) of those responding to the household survey reported that they believed the overall quality of the health care system in their community had gone down, among residents of the province overall, fewer than half (45%) believe this. Further, while over a quarter (28%) responding to the household survey believed that the quality of care in their community had gone down a great deal, only 14% believed this among Ontarians overall.

Clearly, though, there are still a substantial number of Ontarians who believe the system has declined in quality. However, Ontario residents are not alone in holding this opinion. In fact, slightly more (48% versus 45%) in other provinces believe that the quality of the health care system in their community has declined over the past few years.

E. Health Care Priorities and Choices

iv. Priorities

Household survey

In order to identify the public's key priorities for our health care system, two sets of questions were asked. The first question asked respondents to rate eight possible priorities in order of importance.

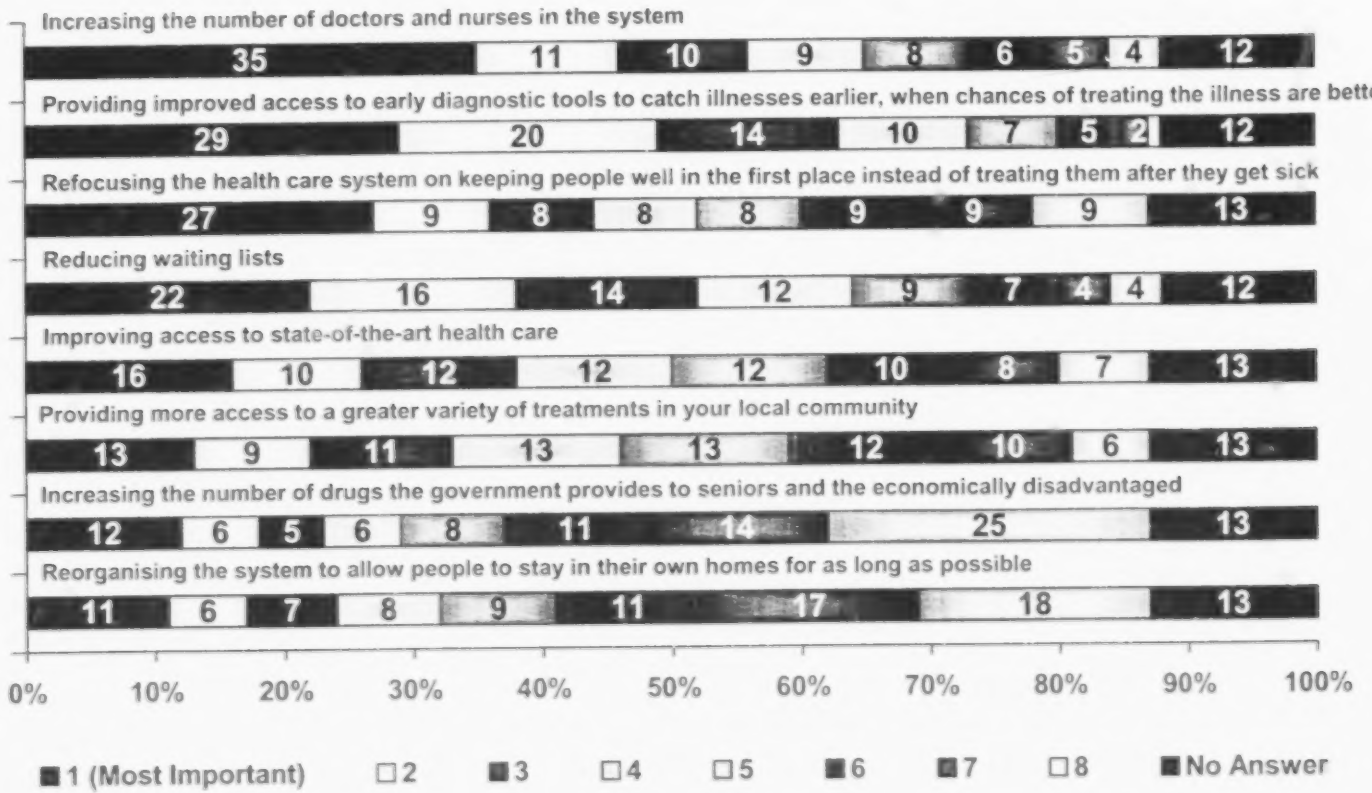
No one priority dominates, although a variety of areas are seen as important. Three areas which emerge as the most important are "Increasing the number of doctors and nurses in the system" (35% ranked it as the number one priority) closely followed by "Providing improved access to early diagnostic tools to catch illnesses earlier, when chances of treating the illnesses are better" (29%) and "Refocusing the health care system on keeping people well in the first place, instead of treating them after they get sick" (27%). Of these priorities, the first two are the most important, with close to half of those responding making them a first or a second priority. The other area that is somewhat important as a priority is "Reducing waiting lists". Close to a quarter (22%) made this their most important priority and close to four-in-ten (38%) made it a first or second choice.

The lowest priorities for the health care system, in contrast, emerge as "Re-organizing the system to allow people to stay in their own homes for as long as possible" (35% rated it least or second least important) and "Increasing the number of drugs the government provides to seniors and the economically disadvantaged" (39% rated it least or second least important). Other areas of lower priority are "Improving the access to state-of-the-art health care", which 16% made a first priority and a further 10% a second priority; and "Providing more access to a greater variety of treatments in your local community", with 22% making this a first or second priority. It should be noted that these latter options are also important to Ontarians, but from a priority point of view they are seen as areas of less urgency.

Nation-wide survey

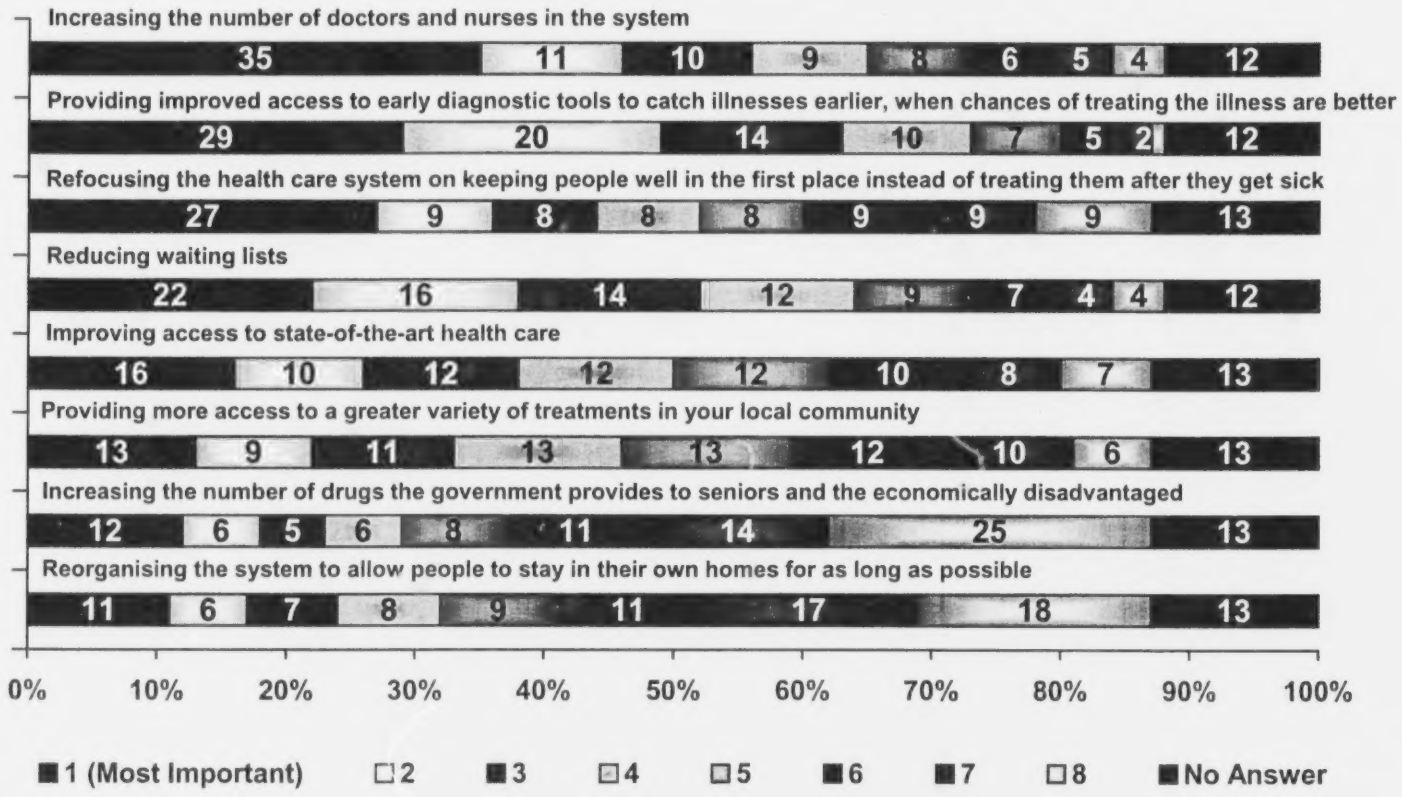
The Ontario and rest of Canada results are quite similar to those found in the household survey, although there are some minor differences. The most significant variation is the slightly lower priority in Ontario given to wellness, defined in the survey as keeping people well in the first place. In Ontario, a third made it a first or second choice, whereas in the rest of the country 40% did so.

Figure 3: Importance of Priorities for our Health Care System – Household Survey



Rank the importance of these priorities for our healthcare system with 1 being the most important and 8 being the least important
Base: Total respondents (n=401,473)

Figure 3: Importance of Priorities for our Health Care System – Household Survey



Rank the importance of these priorities for our healthcare system with 1 being the most important and 8 being the least important
Base: Total respondents (n=401,473)

v. Choices

Keeping people well vs. improving services for the already ill

The second set of questions that were asked to identify the key priorities for our health care system focused on some of the difficult choices we face as a province in making health care decisions. Respondents were asked in this set of questions to choose between health care priorities.

In the first set of choices, the public was evenly divided, with similar numbers choosing "keeping people well in the first place" and "improving services for people who are already ill" (50% of those responding to the survey chose to keep people well in the first place, 50% to improve services for people who are already ill). A relatively high proportion (17%) could not, or would not, choose between the priorities. This "indecision" between the two choices is consistent across all demographic groups.

State of the art technology vs. additional staff

When the choices to be made contrasted investment in technology versus investment in additional staff, then it is again apparent where the public priorities lie. Having additional nurses and other staff to improve patient care is the clear choice for the survey respondents. In all, 69% of respondents indicated that they would improve patient care over investing in new, state-of-the-art life-saving technologies.

I. Executive Summary

More services to communities vs. providing increased access to specialized care

In the last set of choices, respondents were asked to choose between "delivering more services in local communities" and "providing increased access to specialized care in research and academic hospitals". For the majority of respondents (62%) increasing community services was the clear choice over increased access to specialized care (38%).

Overall, the choices made by respondents reflect many of the concerns and priorities identified by the survey. The concern with more staff is evident, but the importance for many of investing in the prevention of illness is equally apparent. While there were comments regarding quality of care and service issues, when asked to choose between improving services and the prevention of illness that half choose the prevention option. It is clear that this is an important aspect of health care for the Ontario public. Differences between Ontario and the rest of Canada are apparent only on the last set of choices explored.

While there is a clear preference, among those responding to the household survey, for local service delivery over increased access to specialized care in research and academic hospitals (and presumably for many this means outside their community), among Ontario residents overall there is no clear preference. Almost equal numbers (51% for local versus 46% for specialist centres) opt for each choice. Clearly, the specialist centres have some appeal, and especially in major urban areas. A similar pattern is apparent for the rest of the country, although there is more of a tilt toward local community services (54% versus 43%).

F. Conclusions

Those who responded to the household survey found much that was positive about our health care system and continue to be proud of it. They particularly value the competence, professionalism and caring of many of the health care professionals they have met and are very positive about their recent experiences with family doctors and diagnostic testing. However, many also believe that there has been a decline in the quality of the health care available in their community and see the system as at risk. In particular, those with recent experience of long-term care, emergency rooms, and mental health services were less than positive.

Public concerns appear to focus on three areas: shortages of staff or overworked staff in key service areas such as hospitals, home care, and long-term care facilities; waiting times in emergency rooms and diagnostic testing facilities; and concerns about poor service, and to a lesser extent unfriendly and or rude staff, at hospitals, home care services, and long-term care facilities.

Public concern about perceived shortages of health care professionals is also apparent from the fact that this was judged by over a third of respondents to be the number one priority for the health care system. However, it is also apparent that the public would like to see a focus on prevention measures. The second and third priorities were early detection diagnostic tools and keeping people well.

This suggests that issues that the public would like to see addressed are not just human resource ones that improve access or improve service and that speak to less stressed staff or a focus on service standards, but also include prevention and early detection of illnesses. From the perspective of the Ontario public, these are the three principles that the health care system should built around.

The Ontario portion of the nation-wide survey in most ways supports the conclusions drawn from the survey of households. However, it is clear that, at least as of October 2001, Ontario residents are in many ways more positive about the Ontario health care system than their counterparts across the country. This is particularly true in terms of overall evaluations of the health care system and, to a lesser extent, the quality of health care personally received. In part, these higher evaluations may be driven by the marginally higher proportion of Ontarians reporting that they are very satisfied with specific services - specialists, diagnostic testing, the provincial drug plan, hospitals, and emergency rooms. There are, though, two areas of vulnerability relative to the rest of the country - home care services and long-term care facilities.

Finally, while Ontarians have concerns about their health system, these concerns are shared by Canadians across the country. Further, Ontario residents are relatively more positive about their health care system than their neighbours in other parts of the country.

For a complete copy of this report please visit the Ministry of Health and Long-Term Care web site at: **www.gov.on.ca/health**

II. Introduction

II. Introduction

This report summarizes the results of the Ministry of Health survey of Ontario residents that was mailed to households in early August 2001. The intent of the survey was to consult with the people of Ontario regarding our health care system. The survey solicited feedback on a variety of issues, including: how well the health care system works, which services were used and how well these services worked, what residents of the province like and do not like about the various services they used, what they want protected and what they want improved.

Over four million questionnaires were mailed to households across the province. The survey was also placed on the Ministry of Health web site. The response to the survey was tremendous. In all, 10 percent of the households in the province returned surveys for a total of 401,473 completed surveys. Of these, 398,205 questionnaires were returned by mail and 3,268 were completed on the Ministry's web site.

This report is based on the 401,473 questionnaires received by the Ministry before December 1, 2001. The survey consisted of both closed-ended questions (those with specific response categories) and open-ended questions in which respondents wrote in their response. All returned questionnaires were read and data entered and form the basis for the report.

However, the closed- and open-ended questions were handled somewhat differently. While all closed-ended responses were used in the analysis, the unprecedented response and the desire to give Ontario residents as many opportunities as possible to write in their comments, meant that a different strategy was required for handling the open-ended questions. A very detailed coding list was developed that fully captured the variety of responses to each open-ended question. However, given this detailed approach to coding, and analyzing all the open-ended responses from each of the 401,473 questionnaires was not practical in terms of getting a timely report back to the people of the province. Instead, 5,000 questionnaires were randomly selected and the detailed coding and analysis undertaken on those questionnaires. It is these responses that form the basis in this report for the open-ended responses. The remaining questionnaires were coded using a modified and shorter code list.

II. Introduction

An obvious question in any survey is the extent to which the results can be generalized to the population overall. It is not possible to determine in any scientific way how accurate these results are, based on the 10% of households responding to the survey. We know, for example, that more women and seniors responded. However, the number of Ontarians responding to the survey represents an extraordinarily high response rate for a survey of this type. Those who responded use the health care system regularly, and took the time and effort to provide their thoughts about our system and how it can be improved. These responses should therefore be given careful consideration as they represent the views of a large number of residents of the province who are concerned enough about the healthcare system to take the time and make the effort to give us their thoughts.

In order to have a basis for comparing the perceptions of Ontario residents with the country as a whole, a separate national telephone survey was undertaken in October using the same basic questionnaire that was mailed to Ontario residents. The essential difference between the two questionnaires was that the open-ended questions were not asked, but all the closed-ended questions were asked. The national sample consisted of a random sample of 800 Ontario residents, and of 200 for each of the other provinces, except Quebec where 300 interviews were completed. The weighted national sample yielded a sample size for the country overall of 1,191 and for the balance of Canada of 746. The confidence intervals for the Ontario sample of 800 and the rest of Canada sample of 746 are, respectively, ± 3.46 percentage points and ± 3.58 percentage points at the 95% level and for the national weighted sample of 1,191 it is ± 2.84 percentage points. In the analysis to follow, the national survey results are shown for Ontario compared against the rest of Canada and the country as a whole.

The results of the Ontario portion of the nation-wide telephone survey are, in some instances, significantly different from the result of the household survey. This in itself does not mean that the household survey results are invalid. First, some shifts in attitude may have taken place between August and October. Second, and as noted above, the fact that more than 401,000 concerned residents took the trouble to complete the survey suggests that their views should be taken seriously.

III. Who Responded and Last Use

III. Who Responded and Last Use

A. Profile of Household Survey Respondents

Those who responded to the household survey are in many ways typical residents of the province. We did, though, hear from more women than men (64% compared with 36%) and from older residents. The median age of respondents is 53 years, while the median age of the adult population of the province is 42 years (Statistics Canada, 1996 Census). In fact, 29% of those responding to the survey are senior citizens compared with 17% among the adult population. In terms of the level of education and household income, those returning surveys match the Ontario population.

We heard from people in all parts of the province. Fully a quarter of respondents come from South West Ontario (25%). Hamilton and Niagara were excluded from South West Ontario, and a total of 8% come from this area. Toronto and the suburban area stretching from Oshawa to Oakville to Newmarket provided a third (34%) of the responses, with equal numbers coming from Toronto and the suburbs. Responses from Central Ontario, that is, the area north of Newmarket to the French River, west to Georgian Bay and east to Peterborough, make up 8% of the total, and a further one-in-six (17%) responses come from Eastern Ontario. Finally 8% of responses come from the northern part of the province.

III. Who Responded and Last Use

Table 4: Demographics of Respondents

	Household Survey (n=401473) %	Census Estimates 1996 %	National Survey	
			Ontario (n=800)	ROC* (n=746)
Gender				
Male	36	49	50	50
Female	64	51	50	50
Age				
Under 18	<1	-	-	-
18-24	2	9	9	8
25-34	11	22	14	14
35-44	18	23	28	25
45-54	21	17	22	24
55-64	18	12	13	15
65+	29	17	14	14
Median age	53	42	44	46
Education				
Less than high school	9	11	12	17
Graduated high school	21	28	27	28
Some post-secondary	21	61	61	55
Graduate of university or college	49			
Regions				
Toronto	16	-	-	-
Suburbs around Toronto	18	-	-	-
Hamilton/Niagara	8	-	-	-
Central Ontario	8	-	-	-
South Western Ontario	25	-	-	-
Eastern Ontario	17	-	-	-
Northern Ontario	8	-	-	-
Annual Household Income				
Less than $25,000	18	27	17	24
$25,000-$50,000	33	28	25	28
$51,000-$75,000	22	22	29	28
$76,000-$100,000	15	12	15	13
$101,000+	12	11	14	7

* *Rest of Canada*

III. Who Responded and Last Use

B. Last Use of the Health Care System

Those responding to the household survey not only used a variety of different parts of the health care system (next section), but also recently used the system. In fact, some insight into the heavy use of our health care system comes from the fact that two-thirds (66%) of those responding to the survey report having used the health care system within the last three months. A further 14% mentioned using the system between three and six months ago.

While it is often assumed that senior citizens are the heaviest users of the system, all age groups report heavy recent use. In fact, those under 25 years of age are as likely as seniors to indicate that they have used the system within the last three months. Similarly, men (65%) are almost as likely as women (69%) to report using the health care system within the last three months. As will be apparent in the next section, this includes heavy reported use of family doctors, emergency rooms, and hospitals.

III. Who Responded and Last Use

Table 5: Last Time Used the Health Care System by Gender and Age*

		Gender		Age					
	Total (n=401473) %	Male (n=124805) %	Female (n=223463) %	Under 25 (n=8178) %	25-34 (n=44232) %	35-44 (n=70711) %	45-54 (n=81007) %	55-64 (n=70384) %	65+ (n=113942) %
Within the last 3 months	66	65	69	68	69	66	66	67	69
3-6 months	14	15	14	16	15	16	15	15	13
6-12 months	8	9	8	8	9	10	10	9	7
Over a year ago	6	7	5	5	5	6	7	6	6
No answer	6	4	4	3	2	2	2	3	5

* *Unless otherwise stated all tables and figures are from the household survey.*

III. Who Responded and Last Use

Table 6: Last Time Used the Health Care System by Region

		Region						
	Total (n=401473) %	Northern Ontario (n=29762) %	South-Western Ontario (n=87585) %	Eastern Ontario (n=59580) %	Central Ontario (n=28572) %	905 (n=66028) %	Hamilton Niagara (n=28954) %	Toronto (n=57970) %
Within the last 3 months	66	68	67	67	69	69	68	67
3-6 months	14	15	15	15	14	15	15	15
6-12 months	8	8	9	9	8	9	9	9
Over a year ago	6	6	6	6	6	5	5	6
No answer	6	3	3	3	3	2	3	3

IV. Experiences with Specific Health Care Services

IV. Experiences with Specific Health Care Services

A. Usage

i. Household survey

In order to better evaluate the different elements of the health care system, Ontarians were asked whether they, or an immediate family member, had recently experienced a variety of health care services. These included: emergency rooms, hospitals, diagnostic testing, family doctors, long-term care, home care, the provincial government drug prescription plan, or mental health services. Those who had had a recent experience were asked to rate that experience.

All the services tested had been used to some extent by those responding to the survey. However, some services are clearly used much more frequently than others. Almost all (92%) respondents reported that they or an immediate family member had recent experience with a family doctor. Similarly, large numbers (81%) of respondents reported recent experience with diagnostic testing. Presumably, some of this reported testing arose from visits with a family physician.

A surprisingly large number (74%) of respondents also reported that they or an immediate family member had recent experience with an emergency room. There was also fairly significant exposure to hospitals (59%).

The level of reported recent exposure to the government-provided drug plan also was quite high, with close to half (44%) reporting recent experience personally or by an immediate family member. This response may, though, be an overstatement of use since quite heavy use is reported across all age groups (34% among those aged 45 to 54 years of age). It is possible that many were thinking about drug prescription plans in general, and not just government-provided plans.

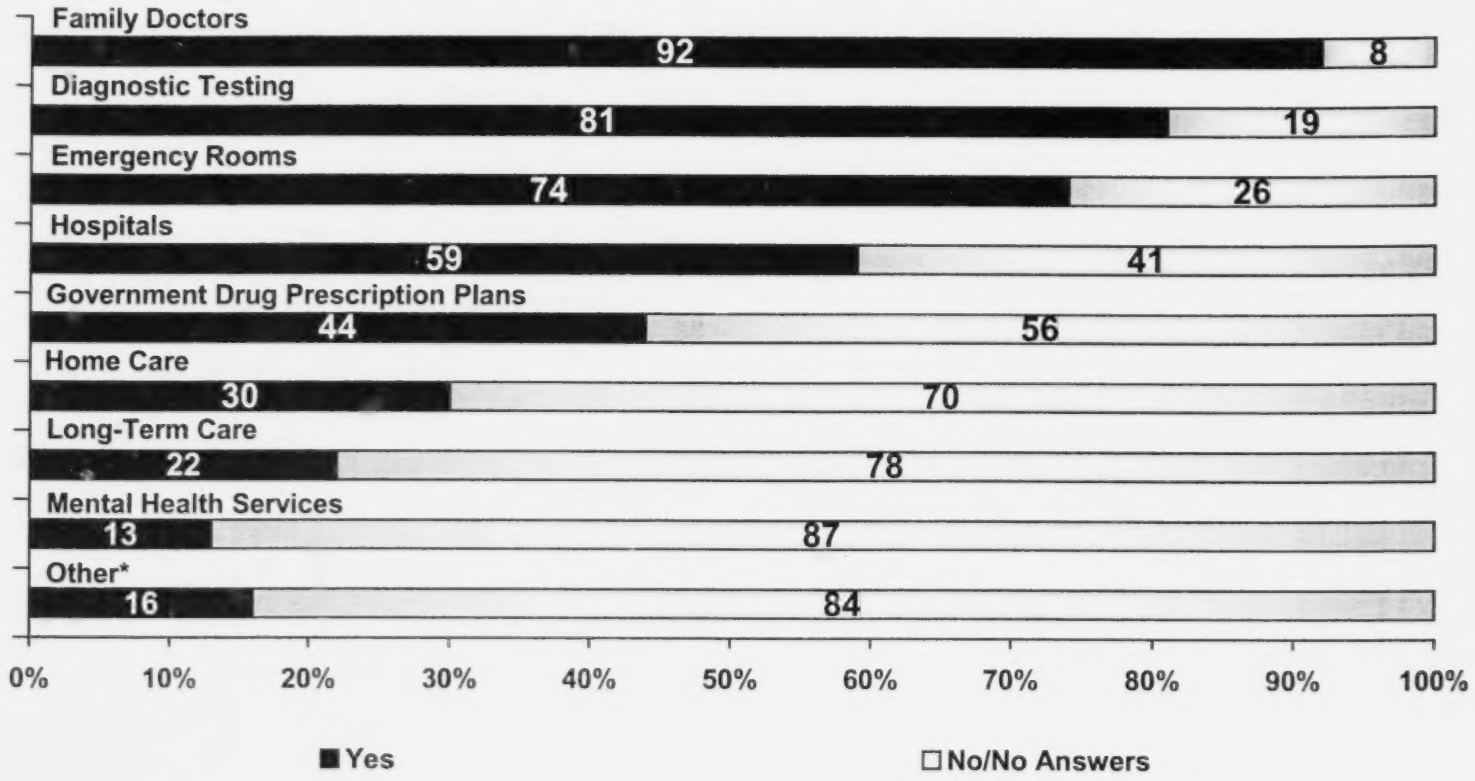
Exposure to home care (30%), long-term care (22%) and mental health services (13%) are all far less frequently cited, but in the case of home care and long-term care a third and a fifth, respectively, reported experience either personally or through an immediate family member.

There are few demographic and regional variations on the extent of exposure to specific services. Those 45 years and above report somewhat more experience with diagnostic testing (83%), seniors (78%) report greater exposure to the government-provided drug plan, and 45 to 64 year olds report greater exposure to long-term care (27%), presumably because they have ageing parents.

About one-in-six (16%) respondents reported use of other health care services. These respondents reported having recent experience with chiropractors, physiotherapists, out-patient services, cancer treatment, massage therapy, dentistry, eye care, naturopaths, audiology and prenatal care.

IV. Experiences with Specific Health Care Services

Figure 4: Recent Experience with Sectors of the Health Care System



Have you or a member of your immediate family had a recent experience with…
Base: Total Mail respondents (n=401,473)
Note: Respondents who completed the following satisfaction question were classified as "yes" in this question. Those who did not write in anything at this question or did not answer the following satisfaction question were classified as "no/no answer."
** Includes chiropractors, physiotherapists, out-patient services, cancer treatment, massage therapy, dentistry, eye care, naturopaths, audiology and prenatal care*

IV. Experiences with Specific Health Care Services

Table 7: % Having Recently Used Sector of Health Care System by Gender and Age

		Gender		Age					
	Total (n=401473) %	Male (n=124805) %	Female (n=223463) %	Under 25 (n=8178) %	25-34 (n=44232) %	35-44 (n=70711) %	45-54 (n=81007) %	55-64 (n=70384) %	65+ (n=113942) %
Family doctor	92	93	92	89	92	92	93	93	92
Diagnostic testing	81	82	80	69	73	79	83	84	83
Emergency rooms	74	74	74	79	78	79	77	73	68
In-patient hospital care	59	59	60	53	59	60	62	61	58
Government-provided drug plan	44	49	41	30	21	27	34	37	78
Home care	30	27	32	18	20	26	35	34	32
Long-term care facility	22	21	23	16	16	19	27	28	20
Other form of health care service	16	15	16	14	16	17	17	17	14
Mental health services	13	11	14	15	13	17	18	13	8

Have you or a member of your immediate family had a recent experience with…

Base: Total Mail respondents (n=401,473)

Note: Respondents who completed the following satisfaction question were classified as "yes" in this question. Those who did not write in anything at this question or did not answer the following satisfaction question were classified as "no/no answer."

IV. Experiences with Specific Health Care Services

Table 8: % Having Recently Used Sector of the Health Care System by Region

		Region						
	Total (n=401473) %	Northern Ontario (n=29762) %	South-Western Ontario (n=87585) %	Eastern Ontario (n=59580) %	Central Ontario (n=28572) %	905 (n=66028) %	Hamilton Niagara (n=28954) %	Toronto (n=57970) %
Family doctor	92	90	92	92	92	94	93	93
Diagnostic testing	81	81	80	81	82	83	82	81
Emergency rooms	74	78	75	72	76	74	75	71
In-patient hospital care	59	62	60	58	60	60	61	58
Government provided drug plan	44	46	44	47	46	39	47	46
Home care	30	33	32	31	33	27	31	27
Long-term care facility	22	25	23	22	23	20	23	21
Other form of health care service	16	17	16	16	17	16	16	16
Mental health services	13	15	13	14	13	12	13	13

Have you or a member of your immediate family had a recent experience with…
Base: Total Mail respondents (n=401473)
Note: Respondents who completed the following satisfaction question were classified as "yes" in this question. Those who did not write in anything at this question or did not answer the following satisfaction question were classified as "no/no answer."

IV. Experiences with Specific Health Care Services

Table 9: "Other" Health Care Services Used

		Gender	
	Total claimed to have used other services %	Male %	Female %
Chiropractors	20	20	22
Physiotherapy	15	10	18
Out patient services	15	13	16
Massage therapy	9	11	6
Cancer treatments	8	7	9
Naturopaths	8	3	11
Eye care	7	11	5
Dentistry	7	8	5
Audiology	5	7	4
Prenatal care	3	1	4
Other	19	28	14

Have you or a member of your immediate family had a recent experience with some other form of health care service not outlined above? Please specify which services.
Base: Those who had a recent experience with other health care services.

ii. Nation-wide survey

There are a number of differences between the household survey results and the Ontario portion of the national survey. In particular, household survey respondents reported a greater frequency of visits and or usage of specific services than was reported by telephone survey respondents. Most notably: visits to a family doctor (92% versus 80%), emergency rooms (74% versus 55%), diagnostic testing (81% versus 51%) and usage of the government-provided drug plan (44% versus 35%). The implication here is that those who responded to the household survey are slightly heavier users of these services than the public overall. This is not, however, a factor of the household survey having a disproportionate number of seniors responding and that older people use more health services. In fact, there are few variations in reported usage among household survey respondents by age. The only service for which age is a factor and explains the difference in usage between household and provincial survey results is for the drug plan, of which seniors are clearly far heavier users.

Usage of the health care system, while not quite as high in some areas as reported by household survey respondents, is nonetheless high. Visits to family doctors are reported most frequently (80%). In addition, half or more of Ontario residents reported recent personal or family member usage of in-patient hospital services (61%), emergency rooms (55%), specialists (53%), and diagnostic testing services (51%). (It is for this latter service that the most significant difference (a decline) in reported usage compared with the household survey is found).

Consistent with the household survey, less frequent recently used services included: government-provided drug plan (35%), home care (26%), long-term care facilities (20%), and mental health services (14%).

There are no major differences in reported recent personal and or family member usage of health care services when Ontario responses are compared with the rest of the country. The only substantive difference is in home care service usage: 26% of Ontario residents report usage compared with 17% for the rest of the country.

IV. Experiences with Specific Health Care Services

Table 10: % Having Recently Used a Service – National and Household Survey

	National Total (n=1191) %	Ontario (n=800) %	Rest of Canda (n=746) %	Household Survey (n=401473) %
Family doctor	79	80	79	92
Hospitals	63	61	64	59
Emergency rooms	57	55	58	74
Specialist	55	53	57	-
Diagnostic testing	51	51	52	81
Government-provided drug plan	37	35	39	44
Home care	20	26	17	30
Long-term care facility	19	20	19	22
Other form of health care service	13	12	14	16
Mental health services	13	14	12	13

IV. Experiences with Specific Health Care Services

B. Overall Satisfaction with the Elements of the Health Care System

i. Household survey

Overall, there is considerable variation in the level of satisfaction across the range of health services recently experienced by respondents. Two service areas dominate in terms of satisfaction – family doctors (85%) and diagnostic testing (82%). However, respondents are more intensely satisfied with family doctors than they are with diagnostic testing (56% report that they were "very" satisfied compared with 46% for diagnostic testing).

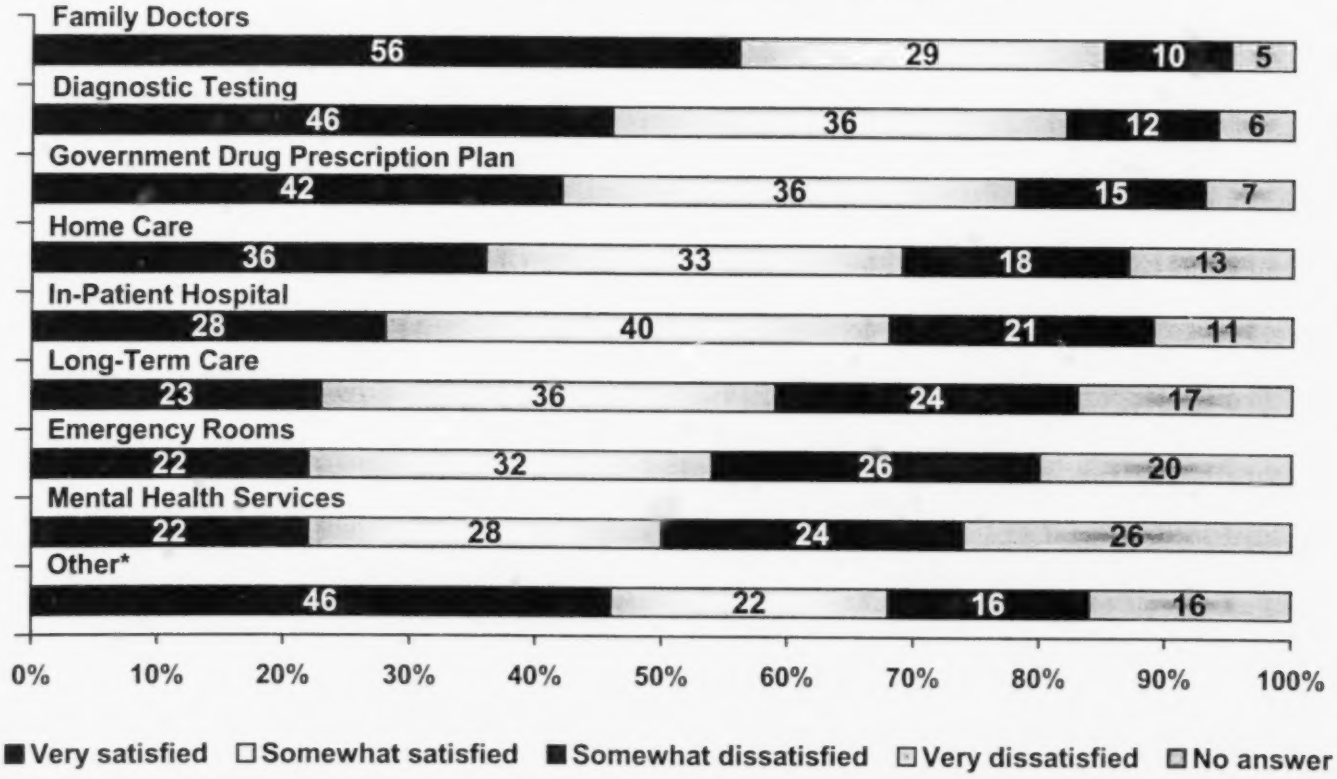
Reported satisfaction with the government-run drug prescription plan and with home care is also quite high, with 78% and 69%, respectively, reporting that they were at least "somewhat" satisfied, and 42% and 36%, respectively, saying that they were "very" satisfied with the service they received. Although a majority of respondents also report that they were at least "somewhat" satisfied with a recent in-patient hospital (68%), long-term care (59%) or emergency room (54%) experience, the intensity of their satisfaction leaves considerable room for improvement, with fewer than three-in-ten reporting that they were "very" satisfied. Finally, only half (50%) of respondents rate their recent experience with mental health services as at least "somewhat" satisfying.

In order to obtain a sense of how different regions of the province compare in their satisfaction with the elements of the health care system, an average of the "very" satisfied scores was calculated. The average included the ratings for emergency rooms, in-patient hospital care, diagnostic testing, family doctors, long-term care, home care, the drug plan and mental health institutions, but did not include the "other" category.

Generally, respondents are "very" satisfied with the services they used, with the provincial weighted "very satisfied" average relatively high at 43%. This differs for some regions, however. Those living in Central Ontario are the most satisfied (the average "very satisfied" rating is 47%). In contrast, those living in Northern Ontario are by far the least satisfied group, with an average rating of 39%. Those living in the other parts of the province are all within a percentage point or two of the provincial average.

IV. Experiences with Specific Health Care Services

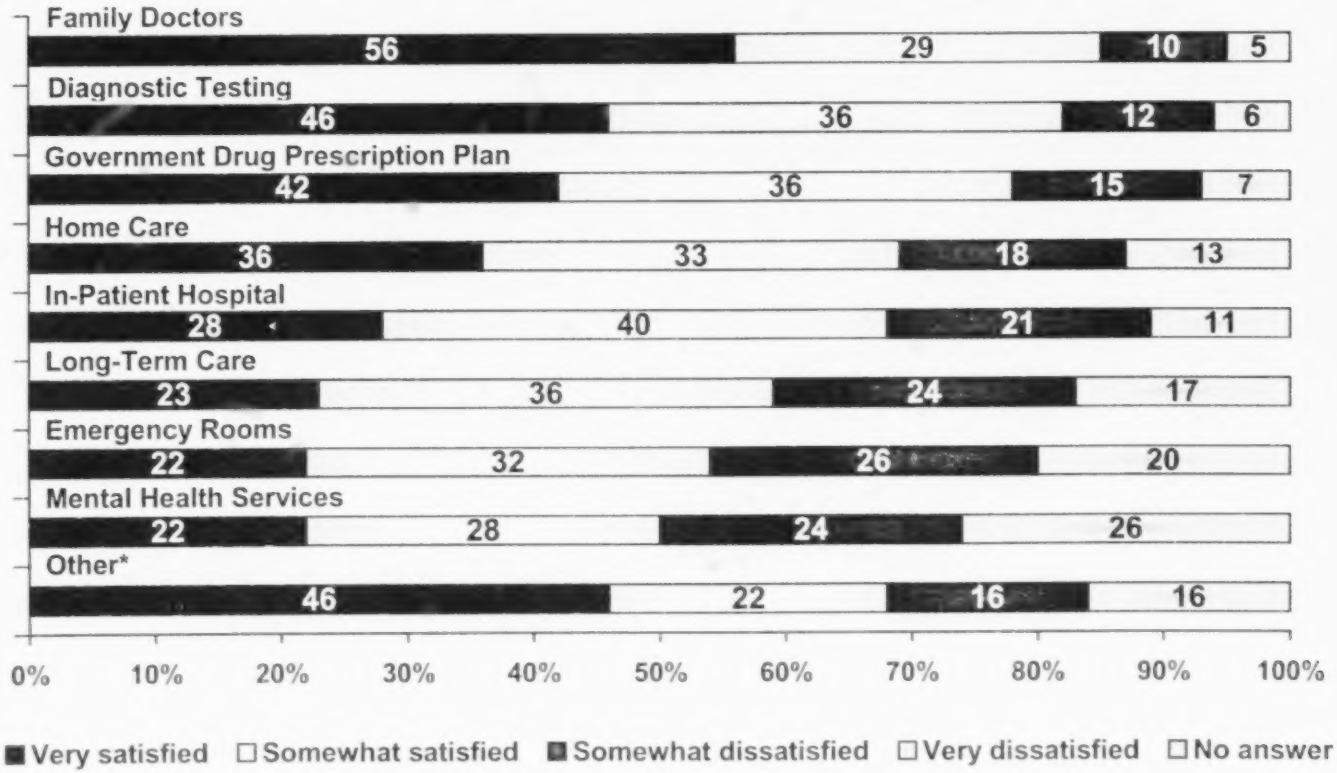
Figure 5: Level of Satisfaction with Recent Experiences



How did you feel about the care you received?
Base: Varies by usage
Note: No Answer responses are each less than 1% and are not shown
* *Includes chiropractors, physiotherapists, out-patient services, cancer treatment, massage therapy, dentistry, eye care, naturopaths, audiology and prenatal care*

IV. Experiences with Specific Health Care Services

Figure 5: Level of Satisfaction with Recent Experiences



How did you feel about the care you received?
Base: Varies by usage
Note: No Answer responses are each less than 1% and are not shown
** Includes chiropractors, physiotherapists, out-patient services, cancer treatment, massage therapy, dentistry, eye care, naturopaths, audiology and prenatal care*

IV. Experiences with Specific Health Care Services

Table 11: % "Very" Satisfied with Experiences with Components of Health Care System by Gender and Age

		Gender		Age					
	Total %	Male %	Female %	Under 25 %	25-34 %	35-44 %	45-54 %	55-64 %	65+ %
Emergency	22	24	21	9	11	14	16	23	37
In-patient hospital	28	33	26	22	22	20	20	27	42
Diagnostic testing	46	47	47	36	35	35	39	48	62
Family doctor	56	57	56	44	45	48	51	59	68
Long-term care	23	26	22	21	16	16	18	23	33
Home care	36	39	35	38	32	29	28	34	48
Government Drug Prescription Plan	42	42	43	35	31	30	32	37	50
Mental health services	22	23	22	21	17	19	19	23	31

* *Bases vary by question*

IV. Experiences with Specific Health Care Services

Table 12: % "Very" Satisfied with Experiences with Components of Health Care System by Region

		Region						
	Total %	Northern Ontario %	South-Western Ontario %	Eastern Ontario %	Central Ontario %	905 %	Hamilton Niagara %	Toronto %
Emergency	22	20	23	24	30	19	21	18
In-patient hospital	28	24	30	29	35	28	28	26
Diagnostic testing	46	44	47	46	54	45	48	45
Family doctor	56	50	55	58	58	57	56	57
Long-term care	23	20	24	25	26	21	23	21
Home care	36	34	39	36	42	35	37	30
Government Drug Prescription Plan	42	39	42	46	45	40	41	41
Mental health services	22	21	20	24	21	22	23	24

* *Bases vary by question*

ii. Nation-wide survey

Levels of satisfaction across specific services used by those completing the household survey and Ontario residents overall are quite comparable. In most instances differences in satisfaction with the services provided are within three or four percentage points of each other. For example, family doctors continue to receive the highest rating with 87% reporting that they were satisfied compared with 85% for the household survey. Where there are differences, and they are typically not great, these are with the intensity of satisfaction reported. There are six service areas where there are differences in those saying they are very satisfied of more than five percentage points, and for five of these Ontario residents gave a higher rating than household survey respondents. Those where the Ontario survey yielded higher levels of very satisfied responses include: family doctors (61% in the Ontario survey report being very satisfied and 56% did so in the household survey), in-patient hospital services (36% Ontario and 28% household), home care (43% Ontario and 36% household), long-term care facilities (33% Ontario and 23% household), and emergency rooms (29% Ontario and 22% household). Only one service yielded higher levels of very satisfied responses among household survey respondents: diagnostic testing (41% for Ontario and 46% for household respondents).

The one service area where there was a substantial difference in satisfaction between household survey respondents and the Ontario survey was long-term care facilities. Overall, 67% of Ontario residents with experience with this service reported that they were satisfied with their experience compared with 59% among household survey respondents.

In some areas of services experienced recently, namely family doctors, diagnostic testing, in-patient hospital, and emergency rooms, differences between Ontario and the rest of the country in satisfaction and the intensity of this satisfaction are minimal. In the case of services provided by specialists, Ontario residents give a somewhat higher satisfaction rating than those in the rest of the country (87% versus 83%).

There are, though, three service areas where the rating of recent experiences is somewhat higher in the rest of the country. These include: home care (71% satisfied in Ontario and 80% in the rest of the country), long-term care facilities (67% in Ontario and 79% in the rest of the country) - interestingly in these two service areas the level of very satisfied responses between Ontario and the rest of the country are very similar. The final service area is mental health: 53% in Ontario rate their recent experience as satisfying compared with 61% in the rest of the country.

IV. Experiences with Specific Health Care Services

Table 13: Level of Satisfaction with Recent Experiences – National and Household Surveys

	Very satisfied %	Somewhat satisfied %	Somewhat dissatisfied %	Very dissatisfied %	Total satisfied %
Family doctor					
Ontario	61	26	8	5	**87**
ROC	62	27	6	4	**89**
Household survey	56	29	10	5	**85**
Specialist					
Ontario	57	30	10	4	**87**
ROC	50	33	10	7	**83**
Household survey	-	-	-	-	**-**
Diagnostic testing					
Ontario	41	36	13	10	**77**
ROC	38	41	11	9	**79**
Household survey	46	36	12	6	**82**
Government prescription drug plan					
Ontario	44	35	10	11	**79**
ROC	35	48	8	8	**83**
Household survey	42	36	15	7	**78**
Hospital Experience					
Ontario	36	35	14	15	**71**
ROC	33	42	13	10	**75**
Household survey	28	40	21	11	**68**

Table 14: Level of Satisfaction with Recent Experiences – National and Household Surveys (cont.)

	Very satisfied %	Somewhat satisfied %	Somewhat dissatisfied %	Very dissatisfied %	Total satisfied %
Home care					
Ontario	43	28	15	13	**71**
ROC	46	34	8	11	**80**
Household survey	36	33	18	13	**69**
Long-term care facilities					
Ontario	33	34	14	18	**67**
ROC	33	46	11	10	**79**
Household survey	23	36	24	17	**59**
Emergency rooms					
Ontario	29	28	20	23	**57**
ROC	27	30	19	23	**57**
Household survey	22	32	25	21	**54**
Mental health care					
Ontario	22	31	24	20	**53**
ROC	30	31	18	21	**61**
Household survey	22	28	24	26	**50**

IV. Experiences with Specific Health Care Services

In order to provide more detail on each of the service areas that respondents or their immediate family members recently experienced, each service area is described separately in the following sections. In addition to describing how satisfied they were with their recent experiences with components of the health care system, Ontarians were also asked to comment in their own words in three distinct ways – what they liked about their experience and want to see protected, what they disliked about their experience, and what they would like to see improved. These responses provide a good deal of rich detail about the experience of using specific health care services.

C. Family Doctors

Not surprisingly, family doctors receive the highest satisfaction ratings of all the services tested. This is not an unusual finding as many other surveys have reported fairly high levels of satisfaction with doctors. In all, of the 92% of respondents who reported having had a recent experience with a doctor, 56% were "very" satisfied and 29% were "somewhat" satisfied with the care they received. Only one-in-twenty respondents were "very" dissatisfied with the care they received.

While all age groups were highly satisfied with their recent experience with a family doctor, different age groups report different satisfaction levels. Satisfaction increases with age, with those aged under 44 having the lowest "very" satisfied ratings (45%), those aged 45-54 and 55-64 giving relatively average ratings (51% and 59%, respectively), and those aged 65+ giving the highest ratings (68%).

While not all of those who reported a recent experience with a family doctor chose to make a comment about what they liked about the service they receive, and wanted to see protected, those who did were especially positive regarding the overall competence, professionalism and helpfulness of the family doctor they saw. Almost half (48%) of those making a comment gave this type of response. In addition, three-in-ten (29%) commented on the caring and sympathetic approach of the doctor and/or staff. A further one-fifth (17%) commented on the accessibility and availability of the family doctor (and presumably this is something they wanted to see protected).

> *"My doctor cares about getting to the root of the problem."*
> *"My doctor was able to speed things up with specialists and answer questions that others don't have time for."*
> *"I like having my own family doctor who knows me and my history."*
> *"Our practitioner is very caring, on the ball, and on time."*

IV. Experiences with Specific Health Care Services

"Our doctor has always been very concerned ... especially during my husband's terminal illness. Our doctor made several house calls and has been a great support since."

"I feel very fortunate to have a family doctor, and that he is young and always available should our family need him. We are fortunate."

"I did not have a long wait for an appointment."

While respondents were generally "very" satisfied with family doctors, they also identified what they did not like about their recent family doctor experience. These responses focused on two related areas - that doctors and/or their staff appeared overworked or too busy (over a third (36%) of comments focused on this issue), and the amount of waiting required for appointments/treatment and the number of people waiting for service (close to four-in-ten (37%) made this type of comment). Comments about having to wait were in turn divided into those that specifically focused on waiting for appointments (26%) and those dealing with line-ups and the large number of patients seeking treatment (11%). A further area mentioned by respondents was quality of care/or caring quality of communications with doctors or staff. A total of 8% mentioned poor service while a further 7% mentioned poor communications with doctors or staff.

"Physicians are overworked - not enough physicians in our rural area. Long waits in the waiting room. Plus a long wait just to make an appointment."

"Doctor has too many patients, not enough time."

"The doctor is visibly overworked."

"There is not one family doctor in our community who will take on new patients."

"Long waits for appointments - often I am forced to go to the clinics."

"The appointment was rushed. I did not feel like I was being listened to."

"On 3 occasions my doctor misdiagnosed health problems I was experiencing."

IV. Experiences with Specific Health Care Services

The concern with waiting for appointments or treatment is evident from comments regarding how the family doctor experience could be improved. A total of 43% suggested increasing the number of doctors or commented on a shortage of doctors (a further 5% commented on nursing and staff shortages), while 15% wanted improvements in the speed of service. In addition, there were calls for improvements in the care and service received (a fifth said this) and for doctors to be more caring and less stressed (15% said this).

"I would support and pay for doctors. Niagara region is desperate for doctors and the ones we have are retiring or moving. Do you think this is a major problem?"

"More empathy from doctors and greater listening skills."

"There should be after-hours accessibility or a clinic."

"Doctors should spend more time per patient."

"I would reduce the waiting time to see the doctor."

IV. Experiences with Specific Health Care Services

Table 15: Likes and Things to be Protected with the Family Doctor Experience

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Doctors were competent/good/helpful/ explained everything	48	44	49	53	48	50	47	43
Doctors were caring/sympathetic/ nice	29	26	31	33	30	26	30	30
Care was good (professional/informed/ good advice/quick/efficient)	18	20	17	14	16	19	19	19
Health care is accessible/available	17	18	16	15	16	18	17	18
Nothing/None	3	4	2	3	4	3	2	2
Other	6	6	6	6	6	6	7	5

IV. Experiences with Specific Health Care Services

Table 16: Likes and Things to be Protected with like about the Family Doctor Experience

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South Western Ontario %	Eastern Ontario %	Northern Ontario %
Doctors were competent/good/helpful/explained everything	48	46	50	48	46	49
Doctors were caring/sympathetic/nice	29	27	29	31	30	26
Care was good (professional/informed/good advice/quick/efficient)	18	20	15	18	19	15
Health care is accessible/available	17	18	17	16	16	21
Nothing/None	3	3	3	3	4	1
Other	6	7	6	5	6	8

Table 17: Dislikes with the Family Doctor Experience by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Doctors overworked/too busy/shortage of doctors	36	36	36	36	39	38	34	34
Waiting for doctor/medical appointments/long waiting lists/tests	26	24	28	29	29	28	24	22
Waiting (general),overcrowding/line-ups, too many people	11	11	11	13	11	11	10	10
Poor service/care/staff not knowledgeable/ neglect by staff/unqualified people/mistakes/ wrong treatment	8	8	8	11	9	7	8	7
Communications problems between patient & staff/impersonal/not friendly/questions not answered/rudeness	7	8	7	8	7	6	9	8
Cutbacks/lack of funds/expensive/taxation/ gov't neglect of HC/extra billing/OHIP	2	2	1	2	2	2	2	1
Services not locally available/travel time to clinic/limited hours/no weekends	2	2	2	3	3	1	2	2
Nothing wrong	14	15	13	7	11	13	17	19
Other	5	5	4	4	4	4	6	4

IV. Experiences with Specific Health Care Services

Table 18: Dislikes about the Family Doctor Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South Western Ontario %	Eastern Ontario %	Northern Ontario %
Doctors overworked/too busy/shortage of doctors	36	31	36	38	37	38
Waiting for doctor/medical appointments/ long waiting lists/tests	26	26	25	29	24	28
Waiting (general),overcrowding/line-ups, too many people	11	10	13	10	8	13
Poor service/care/Staff not knowledgeable/ neglect by staff/unqualified people/mistakes/ wrong treatment	8	10	8	7	10	8
Communications problems between patient & staff/impersonal/not friendly/questions not answered/rudeness	7	8	7	9	7	4
Cutbacks/lack of funds/expensive/taxation/ gov't neglect of HC/extra billing/OHIP	2	3	1	2	2	1
Services not locally available/travel time to clinic/limited hours/no weekends	2	3	2	2	2	2
Nothing wrong	14	18	13	12	15	13
Other	5	5	4	4	5	5

Table 19: Suggested Improvements for the Family Doctor Experience by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
More doctors	43	40	45	41	41	48	41	41
Improving care/service/better service and communication	20	20	20	20	23	20	20	19
Faster service/less waiting time/shorten waiting list	15	13	15	22	17	13	13	13
Doctors should care/be nicer/less stressed	15	14	16	17	18	13	13	15
Staff overworked/need more staff	3	3	3	1	2	3	3	4
Better OHIP coverage/more funding	2	3	2	3	3	2	2	2
More nurses/shortage of nurses	2	2	2	1	2	2	3	2
More walk-in clinics/closer to home/better locations	2	2	2	2	2	1	2	2
More equipment/updated equipment	1	1	1	2	1	<1	1	1
Nothing	6	8	5	3	4	4	9	9
Other	5	7	4	3	5	7	3	5

IV. Experiences with Specific Health Care Services

Table 20: Suggested Improvements for the Family Doctor Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South-Western Ontario %	Eastern Ontario %	Northern Ontario %
More doctors	43	26	43	48	43	42
Improving care/service/better service and communication	20	23	21	17	22	24
Faster service/less waiting time/shorten waiting list	15	22	15	14	10	15
Doctors and nurses should care/be nicer/less stressed	15	22	15	13	14	15
Staff overworked/need more staff	3	4	2	3	4	4
Better OHIP coverage/more funding	2	2	3	3	2	-
More nurses/shortage of nurses	2	3	2	2	3	3
More walk-in clinics/closer to home/better locations	2	1	1	3	1	1
More equipment/updated equipment	1	3	1	1	1	1
Nothing	6	7	7	5	7	3
Other	5	5	4	4	5	6

IV. Experiences with Specific Health Care Services

D. Diagnostic Testing

As with family doctors, those responding to the survey were highly satisfied with the diagnostic services they received. In all, 82% reported that they were at least "somewhat" satisfied. Approximately half (46%) were "very" satisfied with their diagnostic testing experience, while 36% were "somewhat" satisfied. Those aged 65+ were the most satisfied (90%).

Dislikes with the experience and suggested improvements suggest that the main issue with diagnostic testing is waiting periods. Three-in-five (60%) respondents disliked the wait for appointments for tests, and waiting in general. In fact, the improvements suggested most often by respondents were to provide faster service, decrease waiting times, and shorten waiting lists (33%), and increase staff/doctors/nurses (17%).

"Had to wait 8 months for an MRI."

"The delays involved with the tests. You have to wait months during which time your condition deteriorates."

"The patient gets no results if the tests are ok."

"We waited for the x-ray, waited to be seen, then waited for the results."

"We need more equipment such as MRI's."

IV. Experiences with Specific Health Care Services

There were also some comments regarding the treatment respondents received while undergoing a diagnostic test. One-in-ten (10%) mentioned poor service or poor treatment by staff while 7% mentioned impersonal or unfriendly staff. A few (4%) respondents cited the lack of equipment or old equipment. Concern with the quality of care received is also apparent from the comments made by respondents regarding improved care. While the majority of comments clearly focused on improving the speed of service, one-in-five (23%) mentioned improving the care received and the quality of service provided. There was also some call for more or updated equipment (14%).

> *"Technicians need to take the time necessary to do a good job as well as to show a bit more concern for individual patients."*
>
> *"Make specialised tests available in a much shorter time."*
>
> *"Either purchase more MRI machines or pay for tests done outside of the country."*
>
> *"More facilities in rural communities."*
>
> *"I would get more trained personnel to keep these services available around the clock."*

The large number of positive comments about diagnostic treatment tended to focus on the professionalism and care that those using this service received. The vast majority of comments made focused on this. In all, four-in-ten (44%) of those commenting made this type of remark, while a fifth (22%) commented that staff/technicians/doctors were good or helpful, and one-in-ten (8%) commented on the caring and sympathetic attitude of doctors/staff in the testing experience. In addition, the accessibility or availability (22%) of diagnostic testing services were mentioned as something liked or to be protected, as was the promptness and accuracy of test results (8%).

> *"Got the appointment very quickly, results in less than a week."*
>
> *"The technician was very good with my daughter."*
>
> *"The lady who did the MRI was very helpful and kind at putting my fears to rest."*
>
> *"I like that these tests are available within my community."*
>
> *"The urgent care clinic which provides x-rays was close by and was prompt in taking the x-ray."*

IV. Experiences with Specific Health Care Services

Table 21: Likes and Things People want to see Protected about the Diagnostic Testing Experience by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Care was good (professional/ informed/quick/efficient)	44	45	43	43	41	42	43	49
Health care is accessible/available	22	21	22	15	24	24	22	21
Staff were excellent/helpful/ knowledgeable/ professional/available	11	11	11	11	8	15	12	9
Technicians were good/explained everything	9	6	11	13	9	8	9	8
Doctors/nurses/staff were caring/sympathetic/nice	8	5	10	12	6	11	7	5
Prompt and accurate test results	8	9	8	12	10	7	8	8
Doctors were competent/good/helpful/ explained everything	2	2	2	3	2	2	2	2
Affordability of health care (no user fee/covered by OHIP/don't pay 100%)	2	2	2	2	3	1	3	1
Nurses were competent/good/helpful	2	2	2	4	3	3	1	2
Nothing/None	4	6	3	4	6	4	4	4
Other	2	2	1	2	1	2	2	1

Table 22: Likes and Things People want to see Protected about the Diagnostic Testing Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South-Western Ontario %	Eastern Ontario %	Northern Ontario %
Care was good (professional/informed/ quick/efficient)	44	46	44	42	48	36
Health care is accessible/available	22	22	22	22	18	22
Staff were excellent/helpful/knowledgeable/ professional/available	11	11	11	11	11	9
Technicians were good/explained everything	9	6	9	11	8	8
Doctors/Nurses/Staff were caring/sympathetic/nice	8	9	7	8	9	12
Prompt and accurate test results	8	7	7	9	10	14
Doctors were competent/good/helpful/explained everything	2	2	2	2	2	2
Affordability of health care (no user fee/covered by OHIP/don't pay 100%)	2	3	2	1	1	3
Nurses were competent/good/helpful	2	2	2	2	3	1
Nothing/None	4	4	5	5	3	3
Other	2	1	1	2	2	1

Table 23: Dislikes with the Diagnostic Testing Experience by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Waiting for doctor/medical appointments/ tests/results	60	58	61	62	65	68	53	52
Poor service/care/Staff not knowledgeable/ neglect by staff/unqualified people/mistakes	10	9	11	12	12	8	10	11
Communications problems between patient & staff/impersonal/not friendly/questions not answered/rude staff	7	6	8	7	11	6	6	8
Doctors/Nurses/Staff overworked/too busy/ shortage of staff	4	5	4	4	4	4	4	5
Not enough facilities/equipment/equipment not working/buildings old/dirty	4	4	4	4	4	4	5	3
Cutbacks/lack of funds/expensive/gov't neglect/extra billing/OHIP	3	5	2	1	2	3	5	4
Services not locally available/travel time to clinic/limited hours/no weekends	3	3	3	4	3	3	4	2
Procedures/forms for paperwork/filling in charts	2	2	2	3	1	3	2	2
Nothing wrong	11	12	11	9	7	7	13	15
Other	2	2	1	2	1	2	2	1

Table 24: Dislikes with the Diagnostic Testing Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South-Western Ontario %	Eastern Ontario %	Northern Ontario %
Waiting for doctor/medical appointments	60	54	60	63	60	65
Poor service/care/Staff not knowledgeable/ neglect by staff/unqualified people/mistakes	10	16	10	7	13	11
Communications problems between patient & staff/impersonal/not friendly/questions not answered/rude staff	7	8	8	8	7	6
Doctors/Nurses/Staff overworked/too busy/shortage of staff	4	4	5	4	4	4
Not enough facilities/equipment/equipment not working/buildings old/dirty	4	6	5	3	3	1
Cutbacks/lack of funds/expensive/gov't neglect/extra billing/OHIP	3	2	3	4	2	2
Services not locally available/travel time to clinic/limited hours/no weekends	3	2	3	4	3	3
Procedures/forms for paperwork/filling in charts	2	4	2	2	1	1
Nothing wrong	11	9	11	10	12	7
Other	2	1	2	1	2	4

Table 25: Suggested Improvements for the Diagnostic Testing Experience by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Faster service/less waiting time/ shorten waiting list	33	31	35	37	34	38	33	28
Improving care/service/better service and communication	23	22	24	20	27	24	18	24
More equipment/updated equipment	14	15	13	12	14	16	16	12
Staff overworked/need more staff	13	14	13	10	14	14	14	14
More facilities upkeep/closer to home/better locations	7	7	7	6	6	8	8	8
Faster test results	7	6	8	10	8	5	7	6
More doctors/shortage of doctors	3	3	3	3	3	2	2	3
Better OHIP coverage/more funding	3	4	2	1	3	3	4	2
More nurses/shortage of nurses	1	1	1	1	2	1	1	2
Doctors and nurses should care/be nicer/less stressed	1	1	2	3	2	1	2	1
Nothing	6	7	5	5	4	3	8	9
Other	2	3	2	3	2	2	2	3

Table 26: Suggested Improvements for the Diagnostic Testing Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South-Western Ontario %	Eastern Ontario %	Northern Ontario %
Faster service/less waiting time/shorten waiting list	33	32	33	34	33	33
Improving care/service/better service and communication	23	24	23	21	21	31
More equipment/updated equipment	14	13	13	13	23	10
Staff overworked/need more staff	13	12	15	13	13	12
More facilities upkeep/closer to home/better locations	7	7	6	8	9	6
Faster test results	7	8	7	7	6	6
More doctors/shortage of doctors	3	1	3	3	2	3
Better OHIP coverage/more funding	3	2	2	4	2	5
More nurses/shortage of nurses	1	<1	1	2	1	1
Doctors and nurses should care/be nicer/less stressed	1	3	2	<1	1	2
Nothing	6	7	6	7	5	2
Other	2	3	2	2	1	3

IV. Experiences with Specific Health Care Services

E. Emergency Rooms

While emergency rooms are among the most frequently used services cited by those responding to the survey, they are one of the services generating the lowest levels of satisfaction. While three-quarters (74%) of survey respondents indicated that they or an immediate family member had experienced a hospital emergency room recently, only 54% of those who reported an experience at an emergency room were "very" or "somewhat" satisfied, and only a fifth (22%) reported that they were "very" satisfied. A relatively high number claim dissatisfaction (46%), with fully a fifth saying that they were "very" dissatisfied.

As with the comments made about family doctors and diagnostic testing, what respondents liked most about the emergency room experience most often revolved around positive interaction between staff and patients. For example, 43% said they liked that the care they received was good, professional, informed, quick and efficient; 17% said that doctors, nurses and staff were caring and sympathetic; another 9% reported that staff were excellent, helpful, knowledgeable and available; 9% felt that doctors were competent, helpful and provided explanations; while 8% said nurses were competent, good and helpful. In contrast, only 15% of people stated that what they liked about their emergency room experience was the fact that health care was available.

"All staff seemed concerned and acted promptly."

"The doctor cared and even called later to make sure everything was ok."

"I like that you can get help at all hours of the day and not just 9 - 5."

"The paramedics were very competent and should be commended."

"The doctors and nurses knew exactly what to do to save my life."

"Concern was shown for both my husband and I when he experienced chest pains."

Dissatisfaction with the emergency room experience, on the other hand, is driven by waiting periods, line-ups and overcrowding. Fully 72% of those who had recently visited an emergency room listed this as something they disliked about their experience, particularly waiting for specific services such as treatment, a bed, admission or testing. Waiting was mentioned as a dislike by significantly fewer people in Toronto (66%) than in other areas of the province. A related issue of concern among those who had recently experienced emergency rooms was overworked doctors, nurses and other staff (14%).

A final dislike with the emergency room experience was poor care, including lack of knowledgeable staff, mistakes, and wrong treatments (12%). This was a particular dislike for residents of Toronto, who were significantly more likely (21%) to mention this as an issue.

"The doctor was more interested in leaving than x-rays and proper patient care."
"Lack of attention due to so few healthcare staff … when you're in distress, this increases anxiety."
"One doctor and two nurses in an emergency room that closes at 10pm?"
"I waited for 5 hours with a sick child."
"People are using the emergency room instead of a doctor because they cannot find one when they need it."
"It was a day long process being interviewed repeatedly with long waiting periods in between to be admitted."
"Very long wait for medical attention – 5 hours. Obvious staffing shortage."
"Crowded with people who (I think) could have gone to their family doctor."

Consistent with the large number of comments focusing on waiting and staff shortages, the focus of suggested improvements to emergency rooms was on faster service and more staff. In all, three-in-ten commented on the need for faster service, while many commented on the need for more doctors (25%), staff (24%) or nurses (15%). A further area cited as requiring improvement was the quality of the service received (21%) and that doctors and nurses should be more caring or pleasant (5%).

"Provide after hour clinics with longer hours so people with minor health problems don't fill up the emergency rooms."
"MORE DOCTORS! So that they can give patients the time and attention they deserve."
"Take more time with patients and keep them in longer for observation."
"Faster service – 8 hours is about average for our hospital … and that is not acceptable!"
"Add more staff to decrease waiting time."
"More staff!"

IV. Experiences with Specific Health Care Services

Table 27: Likes and Things to be Protected with the Emergency Room Experience by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Care was good (professional/ informed/good advice/quick/efficient)	43	42	42	36	39	38	44	52
Doctors/nurses/staff were caring/ sympathetic/nice	17	14	19	19	18	16	17	16
Health care is accessible/available	15	16	15	13	18	17	15	13
Staff were excellent/helpful/ knowledgeable/ professional/available	9	10	9	5	9	13	7	10
Doctors were competent/good/helpful/ explained everything/on call 24hrs	9	9	9	14	8	8	9	8
Nurses were competent/good/helpful	8	8	9	12	10	9	7	5
Affordability of health care (no user fee/covered by OHIP/don't pay 100%)	2	1	2	2	2	2	1	1
Nothing/None	10	11	10	13	11	11	11	6
Other	2	3	2	2	2	3	2	2

IV. Experiences with Specific Health Care Services

Table 28: Likes and Things to be Protected with the Emergency Room Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South Western Ontario %	Eastern Ontario %	Northern Ontario %
Care was good (professional/informed/good advice/quick/efficient)	43	44	44	43	41	38
Doctors/nurses/staff were caring/ sympathetic/nice	17	17	18	16	17	16
Health care is accessible/available	15	15	14	16	17	16
Staff were excellent/helpful/knowledgeable/ professional/available	9	8	10	9	8	9
Doctors were competent/good/helpful/explained everything/on call 24hrs	9	9	8	8	9	17
Nurses were competent/good/helpful	8	7	8	9	7	11
Affordability of health care (no user fee/covered by OHIP/don't pay 100%)	2	1	2	1	2	1
Nothing/None	10	10	10	9	13	9
Other	2	3	2	2	2	3

Table 29: Dislikes with the Emergency Room Experience by Gender and Age

		Gender		Age					
	Total %	Male %	Female %	Under 25 %	25-34 %	35-44 %	45-54 %	55-64 %	65+ %
Waiting, overcrowding/line-ups, too many people, for treatment/testing	72	71	72	79	74	73	70	73	69
Doctors/nurses/staff overworked/too busy/ shortage of staff	14	12	15	17	13	13	18	13	10
Poor service/care/staff not knowledgeable/ neglect by staff/unqualified people/mistakes/ wrong treatment	12	12	13	10	14	14	13	11	11
Communications problems between patient & staff/impersonal/not friendly/questions not answered/rude staff	7	6	7	10	11	5	7	6	6
Not enough beds/facilities/equipment/equipment not working/buildings old/dirty	4	3	5	3	4	4	4	4	5
Misuse by patients/people not needing ER/using ER because family doctor/walk-in clinic not available	2	2	2	-	2	2	2	2	2
Nothing wrong	3	5	3	3	1	2	2	5	6
Other	6	6	6	8	7	7	7	4	3

Table 30: Dislikes with the Emergency Room Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South-Western Ontario %	Eastern Ontario %	Northern Ontario %
Waiting, overcrowding/line-ups, too many people, for treatment, testing	72	66	71	76	70	78
Doctors/nurses/staff overworked/too busy/ shortage of staff	14	14	14	16	10	9
Poor service/care/staff not knowledgeable/ neglect by staff/unqualified people/mistakes/ wrong treatment	12	21	13	8	11	9
Communications problems between patient & staff/impersonal/not friendly/questions not answered/rude staff	7	7	8	6	6	6
Not enough beds/facilities/equipment/equipment not working/buildings old/dirty	4	5	4	3	4	2
Misuse by patients/people not needing ER/using ER because family doctor/walk-in clinic not available	2	2	1	2	3	3
Nothing wrong	3	2	4	3	4	1
Other	6	5	5	5	6	7

IV. Experiences with Specific Health Care Services

Table 31: Suggested Improvements with the Emergency Room Experience by Gender and Age

		Gender		Age					
	Total %	Male %	Female %	Under 25 %	25-34 %	35-44 %	45-54 %	55-64 %	65+ %
Faster service/less waiting time/shorten waiting list	30	31	31	52	40	33	29	27	24
More doctors/shortage of doctors	25	23	25	29	21	30	25	24	20
Staff overworked/need more staff	24	22	24	11	20	21	27	28	24
Improving care/service/better service and communication	21	21	21	21	24	20	24	21	20
More nurses/shortage of nurses	15	15	15	17	13	15	13	15	16
Doctors and nurses should care/be nicer/less stressed	5	4	6	14	9	5	6	4	3
Screen for non-critical patients/too many non-critical cases in ER	4	6	4	-	3	6	5	4	4
More hospitals/walk-in clinics/facilities upkeep/closer to home/better locations	4	4	5	-	4	4	4	5	5
More equipment/updated equipment	2	2	1	3	2	1	2	2	2
Nothing	2	3	1	2	1	1	1	3	4
Other	5	5	5	3	5	4	5	4	5

Table 32: Suggested Improvements with the Emergency Room Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South-Western Ontario %	Eastern Ontario %	Northern Ontario %
Faster service/less waiting time/shorten waiting list	30	29	30	32	31	24
More doctors/shortage of doctors	25	21	21	28	23	35
Staff overworked/need more staff	24	23	26	22	24	17
Improving care/service/better service and communication	21	29	22	18	23	17
More nurses/shortage of nurses	15	16	14	14	15	12
Doctors and nurses should care/be nicer/less stressed	5	4	6	5	6	6
Screen for non-critical patients/too many non-critical cases in ER	4	5	3	4	5	5
More hospitals/walk-in clinics/facilities upkeep/closer to home/better locations	4	4	3	5	5	7
More equipment/updated equipment	2	1	2	2	2	1
Nothing	2	1	2	2	2	2
Other	5	6	4	5	5	7

IV. Experiences with Specific Health Care Services

F. In-Patient Hospital Care

In-patient hospital care was another frequently used service to be rated less positively than other services. Of the three-in-five residents of the province who reported that they or an immediate family member experienced in-patient hospital care recently, fewer than one-in-three (28%) were "very" satisfied. Another 40% reported being "somewhat" satisfied, for a total of 68% being at least "somewhat" satisfied. As with the other services, Central Ontario residents (75%) were most satisfied.

In sharp contrast with comments regarding emergency rooms, few comments focused on waiting times. Likes and dislikes with the in-patient hospital experience were most often driven by positive or negative perceptions of the level and quality of care received. In terms of likes, the quality of care was cited by four-in-ten (38%), the caring and sympathetic orientation of doctors, nurses, and staff in general was cited by a quarter (25%), while a further quarter (27%) of respondents cited the competence of doctors and nurses, and 10% made similar comments about hospital staff in general.

"Compassionate, friendly care, not rushed out before health improved."
"The nurses were excellent."
"The few nurses that were on duty were very caring."
"Quality of care in day surgery by the nurses … they were wonderful!"
"The level of knowledge the medical staff have is awesome and we felt very reassured."

Dislikes focused on the related areas of staff shortages and overworked staff and poor quality of care and services, including impersonal and unfriendly service. In all, four-in-ten (38%) mentioned staff shortages and overworked staff, and about the same number mentioned poor service, including neglect, and unqualified or unknowledgeable staff (24%) or unfriendly and unhelpful staff (16%). There were also some comments regarding waiting times (16%) and a few regarding the poor quality or lack of facilities or equipment (10%). There was also some mention of early discharges from hospitals as a dislike (6%).

"Not enough nursing staff to answer when being called for assistance."
"Terrible shortage of nurses and lack of nursing assistance."
"No support from nurses. They are "too busy" and I needed my family to provide basic care."
"I was discharged a few hours after surgery and was a little nervous about that!"
"The family is expected to help feed, change etc. the family member."
"The patient gets very little attention from professional staff."
"Feeling of being on an assembly line."
"Our family had to pull together and demand more care for my niece who was gravely ill."
"Some nurses treated me poorly and had poor attitudes."

Not surprisingly, given that likes and dislikes with the hospital experience were often driven by interaction with staff, many of the improvements respondents suggested involved improving human resources in the hospitals. Specific suggestions included improving care, service and communication (34%), increasing the number of nurses (27%), increasing staff or decreasing their workload (23%), having more caring and fewer stressed doctors and nurses on duty (10%), and increasing the number of doctors (11%).

"Greater access to nurses, they are spread far too thin."
"All doctors should treat patients equally."
"Ontario seems to leaning towards drive-through style medical treatment."
"I might be sounding like a broken record, but we need more nurses and doctors."
"If I was paying the bill I could ask for people's jobs!"

Table 33: Likes and Things to be Protected with the In-Patient Hospital Experience by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Care was good (professional/informed/ good advice/quick/efficient)	38	40	39	38	38	33	35	46
Doctors/nurses/staff were caring/ sympathetic/nice	25	21	27	26	24	27	27	23
Nurses were competent/good/helpful	17	14	18	25	16	18	15	13
Doctors were competent/good/helpful/ explained everything/on call 24hrs	10	10	9	10	11	9	10	9
Staff were excellent/helpful/ knowledgeable/ professional/available	10	12	8	9	8	10	13	8
Health care is accessible/available	6	5	6	6	6	5	5	6
Affordability of health care (no user fee/covered by OHIP/don't pay 100%)	1	2	1	<1	2	2	1	1
Nothing/None	6	7	5	6	8	7	6	4
Other	4	4	4	2	3	6	4	4

Table 34: Likes and Things to be Protected with the In-Patient Hospital Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South-Western Ontario %	Eastern Ontario %	Northern Ontario %
Care was good (professional/informed/ good advice/quick/efficient)	38	41	38	39	40	30
Doctors/nurses/staff were caring/sympathetic/ nice	25	27	28	26	18	24
Nurses were competent/good/helpful	17	18	15	19	16	18
Doctors were competent/good/helpful/explained everything/on call 24hrs	10	13	8	10	8	17
Staff were excellent/helpful/knowledgeable/ professional/available	10	10	10	10	8	8
Health care is accessible/available	6	5	6	4	8	7
Affordability of health care (no user fee/covered by OHIP/don't pay 100%)	1	2	1	2	1	3
Nothing/None	6	3	6	5	9	8
Other	4	3	3	5	5	6

IV. Experiences with Specific Health Care Services

Table 35: Dislikes with the In-Patient Hospital Experience by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Doctors/nurses/staff overworked/too busy/ shortage of staff	38	35	39	34	40	40	37	36
Poor service/care/staff not knowledgeable/ neglect by staff/unqualified people/mistakes/ wrong treatment	24	23	24	17	23	23	25	26
Communications problems between patient & staff/impersonal/not friendly/questions not answered/rude staff	16	14	17	20	18	16	14	14
Not enough beds/facilities/equipment/ equipment not working/buildings old/dirty	10	10	10	10	10	11	10	8
Waiting (general)	9	9	9	9	8	12	8	9
Waiting (specified) for doctor/medical appointments/surgery/treatment/beds/ admission/tests	7	8	7	8	9	8	6	4
Early discharge before recovery/rushed out too early/had to come back	6	5	6	7	6	6	6	5
Nothing wrong	5	6	5	6	3	2	5	9
Other	7	9	6	8	5	8	9	4

Table 36: Dislikes with the In-Patient Hospital Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South-Western Ontario %	Eastern Ontario %	Northern Ontario %
Doctors/nurses/staff overworked/too busy/ shortage of staff	38	37	38	37	34	50
Poor service/care/Staff not knowledgeable/ neglect by staff/unqualified people/mistakes/ wrong treatment	24	29	23	21	27	19
Communications problems between patient & staff/impersonal/not friendly/questions not answered/rude staff	16	20	16	15	16	17
Not enough beds/facilities/equipment/equipment not working/buildings old/dirty	10	12	9	9	13	7
Waiting (general)	9	9	9	10	8	9
Waiting (specified) for doctor/medical appointments/surgery/treatment/beds/admission/ tests	7	5	7	9	5	6
Early discharge before recovery/rushed out too early/had to come back	6	4	6	7	7	7
Nothing wrong	5	5	5	4	7	3
Other	7	7	7	9	6	7

Table 37: Suggested Improvements with the In-Patient Hospital Experience by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Improving care/service/better service and communication	34	32	34	38	34	34	32	33
More nurses/shortage of nurses	27	26	27	24	30	26	26	27
Staff overworked/need more staff	23	21	24	16	20	30	24	24
Doctors and nurses should care/be nicer/less stressed	10	9	11	10	11	11	9	9
More doctors/shortage of doctors	11	12	10	15	12	9	10	9
Faster service/less waiting time/shorten waiting list	7	7	7	10	8	7	6	5
More hospitals/facilities upkeep/closer to home/better locations	4	5	4	4	4	4	4	5
More equipment/updated equipment	2	4	2	2	2	3	3	2
Better OHIP coverage/more funding	2	2	2	1	3	2	2	2
Improve everything	1	1	1	<1	1	1	<1	1
Nothing	3	4	2	<1	1	1	2	6
Other	5	5	4	4	7	5	4	3

Table 38: Suggested Improvements with the In-Patient Hospital Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South-Western Ontario %	Eastern Ontario %	Northern Ontario %
Improving care/service/better service and communication	34	40	33	30	36	34
More nurses/shortage of nurses	27	23	26	30	24	28
Staff overworked/need more staff	23	18	27	24	19	18
Doctors and nurses should care/be nicer/less stressed	10	14	9	10	10	11
More doctors/shortage of doctors	11	8	10	11	10	19
Faster service/less waiting time/shorten waiting list	7	8	6	8	6	7
More hospitals/facilities upkeep/closer to home/better locations	4	6	3	5	6	3
More equipment/updated equipment	2	1	3	2	4	2
Better OHIP coverage/more funding	2	3	3	2	<1	1
Improve everything	1	<1	<1	1	1	3
Nothing	3	4	3	3	4	2
Other	5	5	3	4	6	2

IV. Experiences with Specific Health Care Services

G. Government Drug Prescription Plans

Relatively high satisfaction ratings were given to the province's drug prescription plan, making it the element obtaining the third highest satisfaction levels. In all, 78% were either "very" (42%) or "somewhat" (36%) satisfied. The heaviest users of the government's drug prescription plan are seniors, and a significant majority of them (85%) reported that they are at least "somewhat" satisfied with the plan, with half (50%) reporting that they are "very" satisfied.

Continued funding of the government drug prescription plan is a key concern amongst almost all people who have had an experience with it. For example, approximately half of respondents (47%) who had an experience with the drug plan were concerned that the drug plan be protected. Related to this, a quarter of respondents also made comments regarding the affordability of drugs and that the service continues to be relatively cost free. A strong majority of respondents (76%) when asked what they disliked about the plan mentioned concerns related to cutbacks, extra billing, that it's expensive and that certain drugs/not enough drugs are covered. Further, when asked for suggested improvements, three-quarters of respondents wanted better OHIP coverage or more funding (72%).

"My husband is on anti-rejection medication – it would be a real hardship without government assistance."

"Please, keep the present drug system in place for the elderly."

"My medication of choice is not covered."

"Most of my medications are not covered – they are expensive for me."

"Seniors should not be charged a deductible."

"Have doctors decide if patients should be given a drug, then cover it!"

Table 39: Likes and Things to be Protected with the Government-Provided Drug Plan by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Drug plan should be protected/access to prescription drugs/seniors are protected	47	47	46	38	44	45	43	50
Affordability of drugs (no user fee/ covered by OHIP/don't pay 100%)	25	21	27	35	30	28	29	21
Care was good (professional/informed/ good advice/quick/efficient)	15	14	16	17	11	13	17	15
Health care is accessible/available	10	10	10	5	9	14	10	9
Nothing/None	4	7	3	3	8	3	2	5
Other	3	2	3	5	2	2	2	3

Table 40: Dislikes with the Government-Provided Drug Plan by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Cutbacks/lack of funds/expensive/taxation/ gov't neglect of HC/extra billing/OHIP/drugs not covered/more should be	76	77	76	79	69	77	75	77
Poor service/care/staff not knowledgeable/ neglect by staff/unqualified people/mistakes/ wrong treatment	6	7	6	5	7	8	8	5
Waiting (general)/line-ups, too many people	2	2	3	5	4	3	2	1
Communications problems between patient & staff/impersonal/not friendly/questions not answered/rude staff	2	1	2	3	2	1	2	2
Procedures/forms for paperwork/filling in charts	3	1	3	5	5	2	3	1
No satisfaction from treatment/take a pill/too many chemicals	1	1	1	-	1	1	2	2
Doctors/nurses/staff overworked/too busy/shortage of staff	2	1	2	3	2	3	1	1
Nothing wrong	8	10	7	3	7	4	8	11
Other	2	2	2	-	4	2	2	1

Table 41: Suggested Improvements with the Government-Provided Drug Plan by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Better OHIP coverage/more funding	72	73	72	67	70	77	72	71
Improving care/service/better service and communication	18	16	19	18	22	19	17	18
Faster service/less waiting time/shorten waiting list	2	2	2	4	3	2	3	2
More controls by government	1	1	1	6	1	1	1	1
Staff overworked/need more staff	1	1	1	-	2	1	1	<1
Improve everything	1	1	1	-	-	1	2	1
Nothing	6	7	6	6	6	1	6	8
Other	2	1	2	6	2	2	1	1

H. Home Care

Approximately one-third of Ontarians have had a recent experience with home care, but relative to some other services, ratings are moderate. In all, 69% reported themselves to be at least "somewhat" satisfied and 36% were "very" satisfied with their experience. As with many other services, those aged 65+ (78%) are more likely to be "very" or "somewhat" satisfied with home care.

Like many health care services where interaction between the caregiver and patient is vital to satisfaction levels, the likes, dislikes, and suggested improvements for home care often centre around the staff. Slightly over two-in-five respondents (45%) with a home care experience focused on the quality of care and liked the fact that care was good, professional, informed, and quick. Other person-centred likes with the home care experience include excellent, knowledgeable staff (18%), and caring sympathetic doctors, nurses and staff (17%). Finally, the fact that health care is available and accessible (14%) was also cited as a like and something to be protected.

> *"The nurses were very good and on time when they were expected. The therapists were also very efficient."*
>
> *"This is a vital service to people in need."*
>
> *"Much needed help was provided at no charge."*
>
> *"We could not have wished for better care."*

Consistent with the focus on person-centred issues, a significant minority of the dislikes with home care focus on the poor quality of service provided (29%), problems in the interaction between patients and staff (15%), and shortages of doctors, nurses, and staff resulting in stress or no time for patients (13%).

IV. Experiences with Specific Health Care Services

The other area of dissatisfaction is funding of home care services. A fifth (20%) of comments regarding dislikes focused on cut backs in home care budgets, and on government health care cutbacks in general (9%). There were few (6%) comments relating to waiting lists or waiting time for services.

> *"Sometimes personnel were not as well trained as they might have been."*
> *"Cutbacks have destroyed home care and V.O.N. services."*
> *"It was disorganized between the hospital and the home care agency. There is a lack of communication between various care providers."*
> *"Staff are undertrained and unprofessional. I had to fight for every hour of service."*
> *"No where near enough hours provided to really help patients."*
> *"Not enough staff."*

The concern with the quality of home care service and with the funding of home care translate into a focus on improving the quality of care provided and other care-related issues. In all, 58% specifically mentioned improving the care provided, while a further fifth (22%) wanted more staff to take the pressure off overworked staff. There was also some demand for better OHIP coverage for home care and for more funding for this service area.

> *"Home care needs to be integrated more with hospitals/doctors."*
> *"Perhaps a phone call to next of kin to inform them of any concerns."*
> *"Continue assistance for those who require this."*
> *"More staff, better training, more hours attended per person."*
> *"More home care is needed … this will be an issue soon."*
> *"Increase number of hours allowed under OHIP."*

Table 42: Likes and Things to be Protected with the Home Care Experience by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Care was good (professional/informed/ good advice/quick/efficient)	45	43	45	38	41	46	40	51
Staff were excellent/helpful/ knowledgeable/professional/available	18	20	17	18	19	14	18	20
Doctors/nurses/staff were caring/ sympathetic/nice	17	15	19	23	20	17	15	16
Health care is accessible/available	14	12	14	15	11	15	16	13
Nurses were competent/good/helpful	9	11	8	16	11	8	9	7
Home care is needed	2	1	3	1	4	2	1	2
Affordability of health care (no user fee/covered by OHIP/don't pay 100%)	1	2	1	-	2	<1	2	2
Nothing/None	5	6	4	3	5	5	6	4
Other	4	3	3	1	1	2	7	4

Table 43: Likes and Things to be Protected with the Home Care Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South-Western Ontario %	Eastern Ontario %	Northern Ontario %
Care was good (professional/informed/good advice/quick/efficient)	45	42	53	42	44	37
Staff were excellent/helpful/knowledgeable/ professional/available	18	17	15	20	17	22
Doctors/nurses/staff were caring/sympathetic/ nice	17	26	15	19	15	15
Health care is accessible/available	14	19	13	14	12	18
Nurses were competent/good/helpful	9	6	8	12	8	5
Home care is needed	2	2	2	2	2	1
Affordability of health care (no user fee/covered by OHIP/don't pay 100%)	1	2	1	2	2	-
Nothing/None	5	6	3	3	9	5
Other	4	-	4	3	4	8

Table 44: Dislikes with the Home Care Experience by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Poor service/care/staff not knowledgeable/ neglect by staff/unqualified people/mistakes/ wrong treatment	29	28	29	26	29	31	30	28
Cutting back on home care hours/budget	20	17	20	19	18	20	23	18
Communications problems between patient & staff/impersonal/not friendly/questions not answered/rude staff	15	13	16	17	17	15	13	15
Doctors/nurses/staff overworked/too busy/ shortage of staff	13	11	14	14	13	14	11	13
Cutbacks/lack of funds/expensive/gov't neglect of HC/extra billing/OHIP	9	10	8	7	10	10	10	5
Waiting (general) for service	5	6	5	9	6	6	3	4
Services not locally available/travel time to clinic/limited hours/no weekends	4	4	5	7	5	6	3	3
Procedures/forms for paperwork/filling in charts	2	2	2	-	1	3	4	1
Early discharge before recovery/rushed out too early/had to come back	2	2	2	1	1	3	3	2
Waiting (specified) for doctor/medical appointments/surgery/treatment/beds/ admission/tests	1	<1	1	1	2	1	-	<1
Nothing wrong	11	13	10	10	7	6	12	16
Other	3	5	3	1	4	4	2	3

Table 45: Dislikes with the Home Care Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South-Western Ontario %	Eastern Ontario %	Northern Ontario %
Poor service/care/staff not knowledgeable/ neglect by staff/unqualified people/mistakes/ wrong treatment	29	33	30	24	32	26
Cutting back on home care hours/budget	20	20	18	18	24	24
Communications problems between patient & staff/impersonal/not friendly/questions not answered/rude staff	15	13	14	18	8	12
Doctors/nurses/staff overworked/too busy/ shortage of staff	13	9	11	17	12	12
Cutbacks/lack of funds/expensive/taxation/gov't neglect of HC/extra billing/OHIP/drugs not covered/more should be	9	8	9	6	12	14
Waiting (general) for service	5	6	4	4	6	9
Services not locally available/travel time to clinic/limited hours/no weekends	4	4	6	4	4	2
Procedures/forms for paperwork/filling in charts	2	1	4	2	-	2
Early discharge before recovery/rushed out too early/had to come back	2	2	4	1	1	3
Waiting (specified) for doctor/medical appointments/surgery/treatment/beds/ admission/tests	1	-	<1	1	3	-
Nothing wrong	11	12	12	14	9	2
Other	3	2	2	3	4	11

Table 46: Suggested Improvements with the Home Care Experience by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Improving care/service/better service and communication	58	52	59	58	68	57	54	57
Staff overworked/need more staff	22	18	24	17	20	22	25	22
Better OHIP coverage/more funding	13	15	13	20	14	16	14	8
More nurses/shortage of nurses	4	5	4	9	3	4	3	3
Faster service/less waiting time/shorten waiting list	3	2	3	-	7	2	2	2
Nurses should care/be nicer/less stressed	2	2	2	1	3	2	3	2
Improve everything	1	2	1	-	-	1	2	2
Nothing	5	8	4	4	3	3	6	10
Other	5	5	5	3	2	8	5	4

Table 47: Suggested Improvements with the Home Care Experience by Region

		Region				
	Total %	Toronto %	Central/ 905 Hamilton/ Niagara %	South-Western Ontario %	Eastern Ontario %	Northern Ontario %
Improving care/service/better service and communication	58	62	58	52	64	56
Staff overworked/need more staff	22	25	24	23	13	25
Better OHIP coverage/more funding	13	13	15	12	15	14
More nurses/shortage of nurses	4	3	5	5	3	4
Faster service/less waiting time/shorten waiting list	3	3	4	1	3	3
Nurses should care/be nicer/less stressed	2	2	1	4	1	1
Improve everything	1	1	1	2	2	-
Nothing	5	4	6	8	5	1
Other	5	7	4	5	4	8

IV. Experiences with Specific Health Care Services

I. Long-Term Care

Long-term care received one of the lower satisfaction ratings, along with emergency rooms and mental health services. Few respondents had had an experience with long-term care in Ontario (22%), and of those respondents, 59% reported that they were at least "somewhat" satisfied, but only one-in-four (23%) were "very" satisfied with the care they or immediate family members had received. As with most other health services, those aged 65 and over (70%) were the most satisfied.

As with in-hospital experiences, likes, dislikes and suggestions for improvements focused on human resource issues. Likes focused on the quality of care provided: that the care was good (41%); staff was caring and sympathetic (22%); staff were knowledgeable (16%); and nurses and doctors were competent and helpful (7%). One-in-ten (12%) of those with long-term care experience liked the accessibility and availability of this service.

"Nurses go beyond what is necessary to keep patients happy and comfortable."
"Nurses are concerned and caring. My husband who is now deceased was well taken care of for 4 years."
"Quality care."
"I like the fact that there are residential facilities in my neighbourhood."

Dislikes also focused on human resource issues: that doctors, nurses, and other staff are overworked or that there are shortages of staff (38%) are the biggest complaints. These are followed by complaints about the poor quality of service/care provided (25%) and problems with staff attitudes or communications (13%). A number of other complaints were made about home care, and these include waiting time to get access to long-term care (11%), cutbacks and a lack of funding (9%).

"Very few staff – staff to patient ratio unbelievable."
"Waiting list and the fact that there are not enough staff in the facilities on all shifts."
"Not enough security for wandering patients."
"Understaffed and underfunded."
"Short staffed – this means patients needs are neglected."
"Poor level of care."

IV. Experiences with Specific Health Care Services

Consistent with the focus on human resource issues in long-term care, suggestions for improvements focused on two themes – more staff (34%), including specific reference to nurses (9%) and doctors (3%), and improvements to the quality of care (36%), including specific reference to more caring doctors and nurses (4%). The other areas cited relate to adding more facilities or having facilities closer to home (14%) and having shorter waiting lists (5%). However, concerns about access were far less frequent than those dealing with human resource issues.

"More facilities, more staff, more appreciation for volunteers such as tax credits for hours spent as in USA."

"Better qualifications for care givers."

"Need more beds in local communities."

"They are understaffed and the residents suffer."

"More care, more time spent with patients."

Table 48: Likes and Things to be Protected with the Long-Term Care Experience

		Gender	
	Total %	Male %	Female %
Care was good (professional/informed/good advice/quick/efficient)	41	48	35
Doctors/nurses/staff were caring/sympathetic/nice	22	14	26
Staff were excellent/helpful/knowledgeable/ professional/available	16	14	19
Health care is accessible/available	12	13	12
Nurses were competent/good/helpful	6	5	7
Doctors were competent/good/helpful/ explained everything/on call 24hrs	1	3	1
Affordability of health care (no user fee/covered by OHIP/don't pay 100%)	1	1	1
Home care is needed	1	2	1
Nothing/None	8	9	7
Other	4	3	5

Table 49: Dislikes with the Long-Term Care Experience

	Total %	Gender	
		Male %	Female %
Doctors/nurses/staff overworked/too busy/shortage of staff	38	30	42
Poor service/care/staff not knowledgeable/neglect by staff/unqualified people	25	24	25
Communications problems between patient and staff/impersonal/not friendly/questions not answered/rude staff	13	12	13
Waiting lists	11	10	11
Cutbacks/lack of funds/expensive/gov't neglect of HC/extra billing/OHIP	9	6	9
Not enough beds/facilities/equipment/equipment not working/buildings old/ dirty	9	11	8
Waiting (specified) for doctor/medical appointments/surgery/treatment/ beds/admission/tests	3	3	4
Services not locally available/travel time to clinic/limited hours/no weekends	3	3	2
Everything (general)	2	3	2
Nothing wrong	4	4	3
Other	5	9	3

Table 50: Suggested Improvements with the Long-Term Care Experience

		Gender	
	Total %	Male %	Female %
Improving care/service/better service and communication	36	40	33
Need more staff	34	27	37
More facilities/closer to home/better locations	14	16	12
More nurses/shortage of nurses	9	9	9
Better OHIP coverage/more funding	8	7	8
Faster service/less waiting time/shorten waiting list	5	5	6
Doctors and nurses should care/be nicer/less stressed	4	1	5
More doctors/shortage of doctors	3	3	4
More equipment/updated equipment	2	2	2
Improve everything	1	3	<1
More controls by government	1	2	<1
Nothing	3	3	2
Other	2	1	3

IV. Experiences with Specific Health Care Services

J. Mental Health Services

Mental health services are the lowest rated of those tested. While few Ontarians have had a recent experience with these services (13%), those who did either personally or through an immediate family member were often not satisfied. In fact, only half (50%) reported that they were at least "somewhat" satisfied, and only 22% were "very" satisfied with their experience in comparison to 26% who were "very" dissatisfied. Dissatisfaction was equal across all of the demographic and regional groups.

Once again, human resource issues dominate the comments of those with recent experience with mental health services. Likes focused on two broad areas. The great majority of comments focused on the quality of the care provided (32%), the competence and helpfulness of doctors (10%), staff (9%) and nurses (2%), and the sympathetic and caring staff (including doctors and nurses) (8%). One-fifth (18%) of respondents focused on accessibility of mental health services.

"Getting an appointment was quick and easy."
"Our daughter liked her counsellor and benefited from her advice."
"I think the physician, social worker and psychologist were excellent."
"... that it is available to those who need it."

The focus on human resource issues is also apparent from the complaints about the poor quality of service provided in the mental health area (27%), the rude or impersonal attitude of staff (16%) and the fact that respondents believe doctors, nurses, and other staff are overworked and that staff shortages exist (16%). Accessibility of service is also an issue, and a quarter (23%) made some reference to waiting lists. There were also some comments relating to government cut-backs (8%) resulting in limited funding.

"The waiting list is too long. If you're not suicidal, it has to wait."
"There is a schizophrenic in my family and the mental health care has failed him."
"Not enough experienced care given in the system."
"No one qualified available from 4pm Fridays until 8am Mondays. I suppose no one has a crisis on weekends."
"Not all psychiatrists know what they are talking about and they don't seem to care or take the time."
"Doctor is too busy."

IV. Experiences with Specific Health Care Services

Consistent with the focus on the quality of care, respondents were clear on how mental health services could be improved. Slightly under half would improve the care and provide better service (48%), and a quarter of respondents wanted to have more doctors (13%), staff (10%) and nurses (2%). The concern with access to services is also apparent from the one-in-ten (7%) who wanted shorter waiting lists and faster service, and the 7% who wanted more facilities and facilities closer to home.

"Improve access to mental health services."

"We need more expertise and hands-on care. We also need more places that will accept hard to serve patients."

"I would increase communication between doctors such as psychiatrists and general practitioners."

"We need more doctors in rural areas."

"More doctors, shorter waits, less pill-pushing, more psychotherapy."

Table 51: Likes and Things to be Protected with Mental Health Services

		Gender	
	Total %	Male %	Female %
Care was good (professional/informed/good advice/quick/efficient)	32	28	34
Service is accessible/available	18	17	19
Doctors were competent/good/helpful/ explained everything	10	9	10
Staff were excellent/helpful/knowledgeable/ professional/available	9	13	8
Doctors/nurses/staff were caring/sympathetic/nice	8	3	11
Affordability of health care (no user fee/covered by OHIP/don't pay 100%)	6	4	7
Drug plan should be protected/access to prescription drugs	2	3	1
Nurses were competent/good/helpful	2	1	1
Prompt and accurate test results	1	3	-
Nothing/None	15	19	12
Other	4	4	3

Table 52: Dislikes with Mental Health Services

	Total %	Gender	
		Male %	Female %
Poor service/care/staff not knowledgeable/neglect by staff/unqualified people/mistakes/wrong treatment	27	33	23
Communications problems between patient and staff/impersonal/not friendly/questions not answered/rude staff	16	15	16
Waiting lists	16	13	19
Shortage of staff	16	16	17
Cutbacks/lack of funds/expensive/gov't neglect/extra billing/ OHIP/drugs not covered	8	5	10
Waiting (specified) for doctor/medical appointments/treatment/ beds/admission/tests	7	7	7
Services not locally available/travel time to facility/limited hours/no weekends	4	3	4
Early discharge before recovery/rushed out too early/had to come back	4	2	5
No satisfaction from treatment/take a pill/too many chemicals	3	2	2
Not enough beds/facilities/equipment/equipment not working/ buildings old/dirty	3	2	3
Procedures/forms for paperwork/filling in charts	2	1	2
Everything (general)	1	-	2
Nothing wrong	5	7	5
Other	3	3	2

Table 53: Suggested Improvements with Mental Health Services

	Total %	Gender	
		Male %	Female %
Improving care/service/better service and communication	48	51	46
More doctors/shortage of doctors	13	11	14
Better OHIP coverage/more funding	13	13	14
Need more staff	10	10	10
Faster service/less waiting time/shorten waiting list	7	10	6
More facilities/closer to home/better locations	7	5	6
Doctors and nurses should care/be nicer/less stressed	3	4	4
Improve everything	2	2	2
More nurses/shortage of nurses	2	1	3
Nothing	5	6	4
Other	5	2	6

IV. Experiences with Specific Health Care Services

K. Other Services

In all, just 16% of respondents reported recent experience with other health care services. These services included chiropractors, physiotherapists, out-patient services, cancer treatment, massage therapy, dentistry, eye care, naturopaths, audiology and prenatal care. Overall, satisfaction with these services is quite high, with two-thirds (68%) reporting that they were at least "somewhat" satisfied with the service they received, and 46% saying they were "very" satisfied.

L. Number of Services Used

i. Household survey

While the extent of services used varies greatly, so does the number of services cited as recently experienced personally or by an immediate family member. The average number of services cited was just over four. Almost a third (32%)of the public tend to be relatively light users of the health care system citing experience with three or fewer services, while one-quarter (25%) reported fairly heavy usage (six or more services). Service usage varied little by gender or region, but those under 35 years of age were easily the lightest users (41% cited three or fewer services), while those 45 years of age and older tended to be the heaviest users of a range of services (29% cited six or more services).

There appears to be no strong relationship between frequency of usage and attitudes toward the health care system and one's personal experiences with the system. However, those reporting recent experience with six or more services are somewhat more likely than others to rate the province's health care system as poor (22% compared with 15% among light users). Heavier users of services report somewhat lower levels of satisfaction with the quality of care they have personally received relative to lighter users.

ii. Nation-wide survey

Consistent with the greater reported usage of specific health care services noted earlier, those responding to the household survey also reported somewhat greater overall use than Ontario residents generally when the number of individual health care services used are combined. In all, a third (32%) of household survey respondents report using three or fewer services, while over four-in-ten (44%) Ontarians interviewed by phone report this minimal level of use of services. However, while Ontarians overall appear to use fewer specific services than those responding to the household survey, there is a proportion of the population who are heavy users of a range of services. In fact, the same proportion as in the household survey report using six or more services (25%).

IV. Experiences with Specific Health Care Services

Table 54: Number of Services used by Gender and Age

		Gender		Age					
	Total (n=401473) %	Male (n=124805) %	Female (n=223463) %	Under 25 (n=8178) %	25-34 (n=44232) %	35-44 (n=70711) %	45-54 (n=81007) %	55-64 (n=70384) %	65+ (n=113942) %
0-3 services	32	32	33	44	41	36	31	32	26
4-5 services	43	44	42	40	44	43	41	41	45
6-9 services	25	24	25	16	15	21	28	27	29

Based on QB. 1, 2, 3, 4, 5, 6, 7, 8, 9: Have you or a member of your family had a recent experience with (emergency rooms, hospitals, diagnostic testing, doctors, long-term care, home care, drug prescription plans, mental health services, other)?
Base: Total respondents

Table 55: Number of Services used by Region

		Region						
	Total (n=401473) %	Northern Ontario (n=29762) %	South-Western Ontario (n=87585) %	Eastern Ontario (n=59580) %	Central Ontario (n=28572) %	905 (n=66028) %	Hamilton Niagara (n=28954) %	Toronto (n=57970) %
0-3 services	32	29	32	32	30	33	30	34
4-5 services	43	42	42	42	44	45	44	42
6-9 services	25	29	26	26	26	22	26	24

Based on QB. 1, 2, 3, 4, 5, 6, 7, 8, 9: Have you or a member of your family had a recent experience with (emergency rooms, hospitals, diagnostic testing, doctors, long-term care, home care, drug prescription plans, mental health services, other)?
Base: Total respondents

Table 56: Number of Services Used: National and Household Surveys

	0 – 3 Services %	4 – 5 Services %	6 – 9 Services %
National Total	42	33	23
Ontario	44	31	25
ROC	41	35	24
Household survey	32	43	25

IV. Experiences with Specific Health Care Services

M. Drivers of Personal Satisfaction with Services Provided

i. Household survey

One obvious question in reviewing the satisfaction levels reported by those responding to the survey concerns the impact of the health care services used in the evaluation of the quality of health care personally received. This analysis was undertaken by correlating the satisfaction with a specific service against satisfaction with the quality of care personally received. In this way the key drivers of personal satisfaction can be identified.

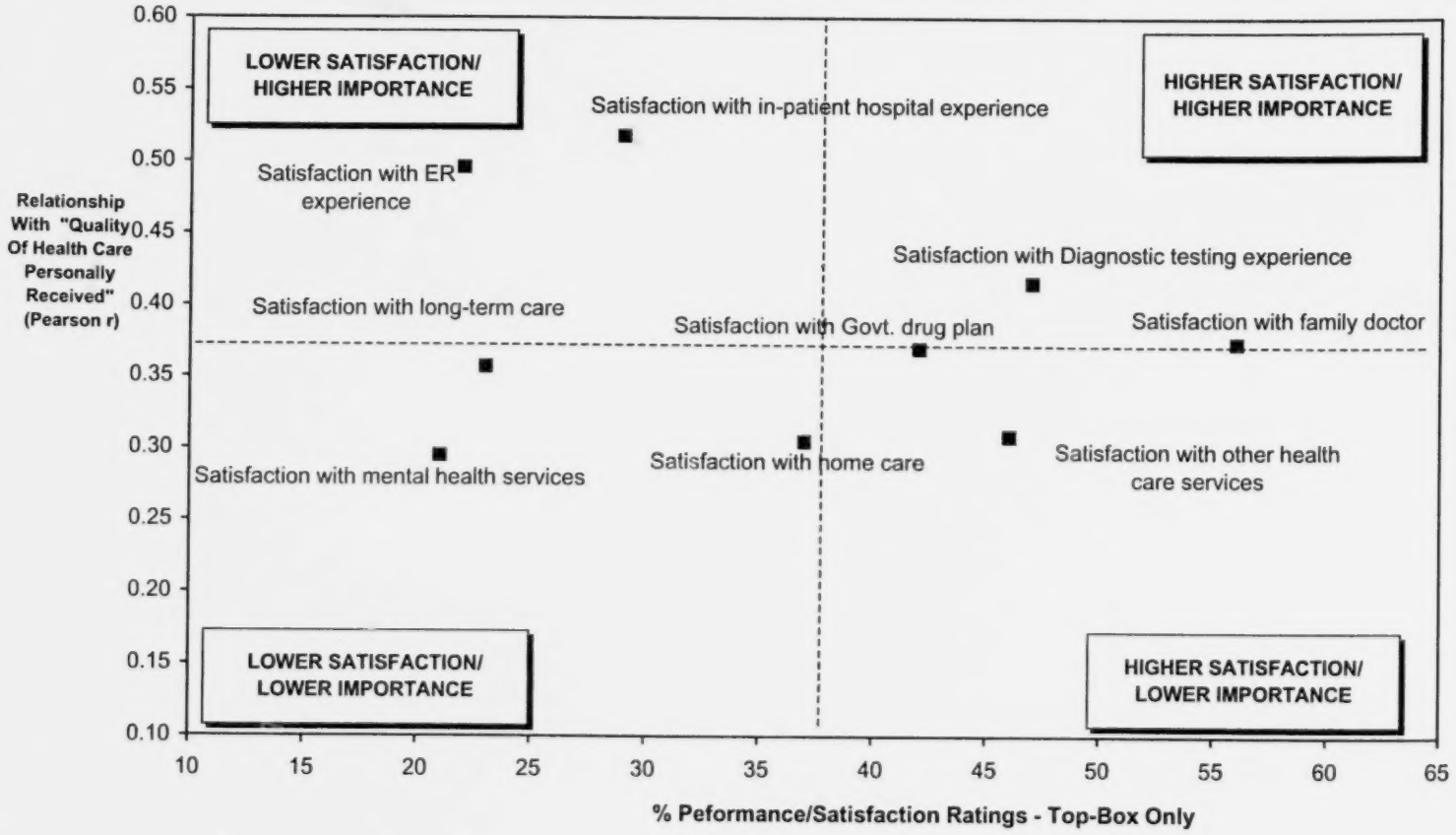
This analysis reveals that while all services have some impact on personal satisfaction with the health care system, two service areas stand out as the strongest drivers – emergency room experiences and in-patient hospital experiences. These correlate highly (0.5 or more) with personal satisfaction. It is also notable that large numbers of respondents report experience with these two services and that, by and large, the evaluation of these services could be considerably more positive.

By contrast, experience with a family doctor, which was easily the most positively assessed area, is not as strongly linked to personal satisfaction. The implication here is that perception of personal experiences with emergency room and in-patient hospital service plays a disproportionate role in shaping assessments of the quality of health care personally received. The further implication is that improving the assessments of these two areas should lead to fairly dramatic increases in the overall personal evaluations of health care.

However, it is also clear from the analysis presented earlier that the quality of personal experiences is a significant, but not the only, factor shaping overall assessments of the quality of the health care system. The other factor influencing overall perceptions is likely media stories about the health care system.

IV. Experiences with Specific Health Care Services

Figure 6: Linking Experiences with specific Health Care Services to Perceptions of Quality of Health Care Personally Received – Household Survey



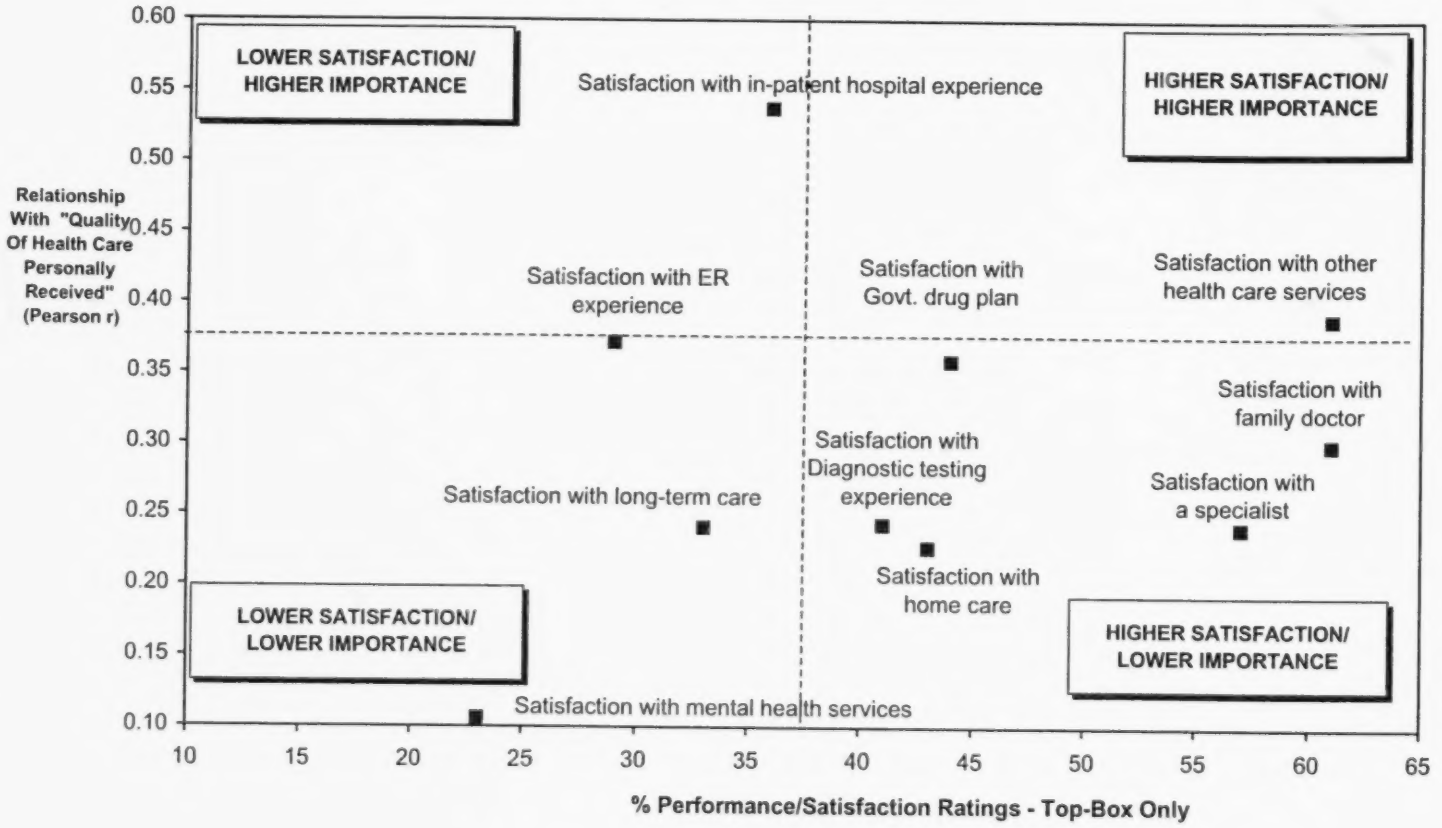
ii. Nation-wide survey

Much the same pattern of influence, in terms of what drives overall personal satisfaction with the health care services received, is apparent when the overall personal satisfaction rating from the Ontario-wide survey is correlated with the ratings from this survey of the individual services used. Once again, in-patient hospital services is very highly correlated with personal satisfaction at 0.55, and this is the strongest driver of personal satisfaction with the services received. There are, in addition, three areas that seem equally important. These are emergency room experiences, the government drug plan, and other health care services provided (these are specific services not included in the main list but mentioned by respondents). Of these three services, emergency room experience is the most important, because the largest number of respondents reported that either they or a family member used this service. It is also the most negatively evaluated of the three.

While other services are important, hospital experiences and emergency room experiences are clearly the most important of the more frequently used services since they are the most strongly correlated with overall personal satisfaction.

IV. Experiences with Specific Health Care Services

Figure 7: Linking Experiences with specific Health Care Services to Perceptions of Quality of Health Care Personally Received – Nation-wide Survey (Ontario only)



V. Ratings of the Health Care System

V. Ratings of the Health Care System

A. Overall Ratings of the Health Care System.

i. Overall ratings of the health care system

Household survey

While the ratings of certain services respondents have experienced are very positive and the average satisfaction scores across all services used are relatively high, these ratings do not translate into a strong positive rating for the overall quality of the health care system. In fact, those returning surveys gave the quality of Ontario's health care system mixed reviews. While few gave a rating of excellent (5%), fewer than one-in-five (18%) were at the other end of the scale and thought that the quality of the province's health care system is "poor". Instead, most (72%) rated the system as "good" (36%) or "fair (36%). Looked at another way, when the first two categories are combined, 41% rated the quality of the system as "excellent" or "good".

Demographically, those aged 65+ (48%) and those living in Central Ontario (48%) were the most likely to rate Ontario's health care system as "excellent" or "good", whereas Northern Ontario residents (31%) were significantly less likely than the average Ontarian (41%) to rate the system positively.

Otherwise, ratings do not differ greatly between the demographic groups. While males, those living in the suburban areas around Toronto, and those with little education were slightly more positive than the average resident of Ontario, these differences are not large enough to support any strong conclusions.

The extent of usage of health care services does, though, correlate with the overall rating of the health care system. Heavier users of the system (6-9 service areas recently used) are more likely than others to rate the system poorly (22% rate it "poor" compared with 15% among light users).

V. Ratings of the Health Care System

Table 57: Ratings of Quality of Ontario's Health Care System by Gender and Age

		Gender		Age					
	Total (n=401473) %	Male (n=124805) %	Female (n=223463) %	Under 25 (n=8178) %	25-34 (n=44232) %	35-44 (n=70711) %	45-54 (n=81007) %	55-64 (n=70384) %	65+ (n=113942) %
TOTAL EXCELLENT/GOOD	**41**	**46**	**39**	**43**	**41**	**37**	**35**	**39**	**48**
Excellent	5	7	4	4	4	4	3	4	7
Good	36	39	35	39	37	33	32	35	41
Fair	36	33	38	37	39	39	39	37	30
Poor	18	16	18	17	18	21	22	19	13
No answer	5	5	5	3	2	3	4	5	9

How would you rate the quality of Ontario's health care system? Would you say it is…?
Base: Total respondents

V. Ratings of the Health Care System

Table 58: Ratings of Quality of Ontario's Health Care System by Region

		Region						
	Total (n=401473) %	Northern Ontario (n=29762) %	South-Western Ontario (n=87585) %	Eastern Ontario (n=59580) %	Central Ontario (n=28572) %	905 (n=66028) %	Hamilton Niagara (n=28954) %	Toronto (n=57970) %
TOTAL EXCELLENT/GOOD	**41**	**31**	**39**	**40**	**48**	**46**	**42**	**43**
Excellent	5	3	4	4	6	5	5	6
Good	36	28	35	36	42	41	37	37
Fair	36	38	37	36	34	36	36	35
Poor	18	26	19	18	13	14	17	16
No answer	5	5	5	6	5	4	5	6

How would you rate the quality of Ontario's health care system? Would you say it is…?
Base: Total respondents

Table 59: Ratings of Quality of Ontario's Health Care System by Number Health Services used

	Number of health services used		
	0-3 (n=130029) %	4-5 (n=170513) %	6-9 (n=100931) %
TOTAL EXCELLENT/GOOD	**42**	**42**	**37**
Excellent	4	5	5
Good	38	37	32
Fair	35	35	36
Poor	15	18	22
No answer	8	5	5

How would you rate the quality of Ontario's health care system? Would you say it is…?
Base: Total respondents

V. Ratings of the Health Care System

Nation-wide survey

While those responding to the household survey and the national survey rated the various services they used quite similarly in terms of satisfaction, when asked to rate the system overall, household survey respondents were far less positive than Ontarians generally. In all, while only 41% of household survey respondents rated the health care system in Ontario as excellent or good, 55% among those interviewed by telephone gave this rating to the system.

In fact, Ontario residents are also well above the average for the rest of the country. In all, only 40% of those living outside of Ontario rated the health care system in their province as excellent or good.

Table 60: Rating of Quality of Health Care System: National and Household Surveys

	National Total (n=1191) %	Ontario (n=800) %	ROC (n=746) %	Household Survey (n=401473) %
TOTAL EXCELLENT/GOOD	**46**	**55**	**40**	**41**
Excellent	6	8	5	5
Good	40	47	35	36
Fair	37	32	41	36
Poor	15	11	17	18
No answer	2	2	2	5

V. Ratings of the Health Care System

ii. Agreement that health care makes Canada one of the best countries to live in

Household survey

Although ratings of the health care system overall could clearly be improved, there is nonetheless a considerable amount of pride in the system. This is evident from the fact that 74% "strongly" or "somewhat" agreed that "one of the things that makes Canada one of the best countries in the world to live is the quality and availability of care".

In fact, when asked why they answered the way they did, those who agreed that health care makes Canada one of the best countries to live most frequently cited the quality (34%) and availability (29%) of the health care system. Although a large majority agreed that our health care system makes Canada one of the best countries to live in, the ambiguity that some respondents feel about the health care system is apparent from explanations as to why they agreed with the statement. Aside from the two large groups of responses regarding the quality and availability of health care, most other comments focused on problems with the system, suggesting a qualified endorsement of the statement. Thus, 18% commented that health care was better in the past or is better elsewhere, 9% cited poor management and funding cuts, 10% cited poor quality of service, 8% cited waiting, 5% cited shortages of doctors, and 4% mentioned abuse and misuse as issues. This ambiguity is reflected in the fact that while three-quarters agreed with the statement that our health system makes Canada one of the best countries in which to live, only 30% "strongly" agreed, while 44% "somewhat" agreed.

> *"I firmly believe in availability of health care to all citizens regardless of economic standing. Canada with its no-tier system is a shining example of this – let's keep it that way."*
>
> *"Even though some people have to go to the USA to get certain health care and our doctors are going to the USA because of better wages, Canada still provides adequate care on all levels and our OHIP is satisfactory."*
>
> *"Our health care is better than in any other country."*
>
> *"It is very comforting to know that if I or someone in my family requires emergency care, it is available without cost."*
>
> *"I agree in the quality, the availability is questionable (i.e., waiting month to see a specialist, lack of doctors)."*
>
> *"Health care systems in other countries are much better."*
>
> *"That used to be more true than now."*

V. Ratings of the Health Care System

Table 61: Level of Agreement: Canada is one of the best Countries to live in due to Health Care System by Gender and Age

		Gender		Age					
	Total (n=401473) %	Male (n=124805) %	Female (n=223463) %	Under 25 (n=8178) %	25-34 (n=44232) %	35-44 (n=70711) %	45-54 (n=81007) %	55-64 (n=70384) %	65+ (n=113942) %
TOTAL AGREE	**74**	**76**	**75**	**83**	**81**	**76**	**72**	**71**	**75**
Strongly agree	30	33	29	35	33	30	28	28	33
Somewhat agree	44	43	46	48	48	46	44	43	42
TOTAL DISAGREE	**21**	**20**	**20**	**14**	**16**	**21**	**24**	**24**	**18**
Somewhat disagree	13	13	13	9	11	13	15	15	12
Strongly disagree	8	7	7	5	5	8	9	9	6
No answer	5	4	5	3	3	3	4	5	7

Do you agree or disagree with the following statement? One of the things that makes Canada one of the best countries in the world to live is the quality and availability of health care.

Base: Total respondents

Table 62: Level of Agreement: Canada is one of the best Countries to live in due to Health Care System by Region

		Region						
	Total (n=401473) %	Northern Ontario (n=29762) %	South-Western Ontario (n=87585) %	Eastern Ontario (n=59580) %	Central Ontario (n=28572) %	905 (n=66028) %	Hamilton Niagara (n=28954) %	Toronto (n=57970) %
TOTAL AGREE	**74**	**70**	**73**	**74**	**79**	**79**	**75**	**77**
Strongly agree	30	25	28	29	34	33	30	34
Somewhat agree	44	45	45	45	45	46	45	43
TOTAL DISAGREE	**21**	**25**	**22**	**21**	**16**	**17**	**20**	**19**
Somewhat disagree	13	16	14	14	11	11	13	12
Strongly disagree	8	9	8	7	5	6	7	7
No answer	5	5	5	5	5	4	5	4

Do you agree or disagree with the following statement? One of the things that makes Canada one of the best countries in the world to live is the quality and availability of health care.

Base: Total respondents

Table 63: Why Respondents "somewhat agree/strongly agree" that one of the Things that makes Canada one of the best Countries to live is the Quality and Availability of Health Care by Gender and Age

		Gender		Age					
	Total %	Male %	Female %	Under 25 %	25-34 %	35-44 %	45-54 %	55-64 %	65+ %
Great/good system/high quality service/ people come to Canada for that	34	38	33	35	29	39	32	33	37
Our health care system is available to all/ available when you need it/affordable/free	29	25	32	44	43	34	30	22	21
Health care system was better/other countries have better health care	18	17	18	6	16	18	21	20	15
Poor management/bureaucracy/funding cuts not good for system/pay for some services/ costly premiums	9	8	9	5	7	7	10	12	8
Quality of services and facilities is poor/ system can be improved	10	9	9	8	7	9	9	11	10
Waiting too long for doctors/nurses/staff/ services/beds/need more staff	8	5	9	6	10	8	8	7	6
Doctors too busy/leaving for US/shortage of specialists	5	4	6	3	6	5	5	6	4
System is abused/misused/would be better if had to pay for it/we pay for system with taxes	4	5	4	5	3	5	5	4	3
Facilities not for all/for rich only/need connections/two-tier system	3	2	3	2	3	3	3	4	1
Other aspects besides health care also important/not just health care	3	3	2	-	2	2	2	3	4
Doctors/nurses/staff excellent/qualified/ caring	2	2	2	3	1	1	2	1	3
Insufficient beds/hospital closures/ population increase/too many patients	2	2	2	-	2	2	1	2	2
Good hospitals/nice facilities/excellent equipment	1	1	1	-	1	1	<1	<1	1
Other	6	6	5	11	4	3	5	7	9

Table 64: Why Respondents "somewhat agree/strongly agree" that one of the Things that makes Canada one of the best Countries to live is the Quality and Availability of Health Care by Region

		Region				
	Total %	Toronto %	Central/905 Hamilton/ Niagara %	South Western Ontario %	Eastern Ontario %	Northern Ontario %
Great/good system/high quality service/people come to Canada for that	34	40	35	33	35	32
Our health care system is available to all/available when you need it/affordable/free	29	29	30	31	27	26
Health care system was better/other countries have better health care	18	17	16	17	19	20
Poor management/bureaucracy/funding cuts not good for system/pay for some services/costly premiums	9	7	8	9	11	12
Quality of services and facilities is poor/system can be improved	10	7	11	10	7	7
Waiting too long for doctors/nurses/staff/services/ beds/need more staff	8	4	8	9	9	6
Doctors too busy/leaving for US/shortage of specialists	5	1	4	9	5	4
System is abused/misused/would be better if had to pay for it/we pay for system with taxes	4	5	4	3	5	5
Facilities not for all/for rich only/need connections/two-tier system	3	2	2	3	2	3
Other aspects besides health care also important/not just health care	3	2	3	3	2	-
Doctors/Nurses/Staff excellent/qualified/caring	2	3	2	2	1	1
Insufficient beds/hospital closures/population increase/ too many patients	2	3	1	2	2	2
Good hospitals/nice facilities/excellent equipment	1	1	1	1	<1	1
Other	6	5	6	5	5	10

Table 65: Why Respondents "somewhat disagree/strongly disagree" that one of the Things that makes Canada one of the best Countries in the World to live is the Quality and Availability of Health Care by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Health care system was better/other countries have better health care	42	40	42	39	43	45	43	39
Waiting too long for doctors/nurses/staff/ services/beds/need more staff	21	13	26	23	22	26	15	20
Poor management/bureaucracy/funding cuts not good for system/pay for some services costly premiums	18	18	17	16	12	20	20	15
Quality of services and facilities is poor/ system can be improved	18	16	19	16	17	18	21	18
Doctors too busy/leaving for US/shortage of specialists	15	13	17	18	14	18	10	15
System is abused/misused/would be better if had to pay for it/we pay for system with taxes	5	7	5	8	6	3	6	5
Facilities not for all/for rich only/need connections/two-tier system	6	6	6	4	6	5	7	5
Other aspects besides health care also important/not just health care	3	6	2	4	3	5	3	1
Insufficient beds/hospital closures/ population increase/too many patients	4	3	4	5	3	3	2	7
Great/good system/people come to Canada for that	4	4	4	4	4	3	4	4
Our health care system is available to all/available when you need it/affordable/free	4	5	4	3	6	3	4	5
Doctors/nurses/staff excellent/qualified/ caring	1	<1	1	1	1	<1	2	1
Other	5	6	4	-	5	5	6	5

Table 66: Why Respondents "somewhat disagree/strongly disagree" that one of the Things that makes Canada one of the best Countries in the World to live is the Quality and Availability of Health Care by Region

		Region				
	Total %	Toronto %	Central/905 Hamilton/ Niagara %	South Western Ontario %	Eastern Ontario %	Northern Ontario %
Health care system was better/other countries have better health care	42	38	42	36	51	42
Waiting too long for doctors/nurses/staff/services/ beds/need more staff	21	19	20	22	23	23
Poor management/bureaucracy/funding cuts not good for system/pay for some services/costly premiums	18	17	17	18	18	11
Quality of services and facilities is poor/system can be improved	18	20	16	18	19	21
Doctors too busy/leaving for US/shortage of specialists	15	7	16	17	14	24
System is abused/misused/would be better if had to pay for it/we pay for system with taxes	5	6	5	7	4	3
Facilities not for all/for rich only/need connections/two-tier system	6	7	4	7	5	6
Other aspects besides health care also important/not just health care	3	3	2	4	6	2
Insufficient beds/hospital closures/population increase/ too many patients	4	5	7	2	1	2
Great/good system/people come to Canada for that	4	5	3	4	3	2
Our health care system is available to all/available when you need it/affordable/free	4	4	5	3	4	3
Doctors/nurses/staff excellent/qualified/caring	1	-	1	1	1	2
Other	5	7	4	8	3	5

V. Ratings of the Health Care System

Analysis of the reasons why people disagreed that "the quality and availability of health care makes Canada one of the best countries in the world to live" also sheds light on the reasons why, as noted later, a majority of Ontarians believe the system can be improved. Four-in-ten (42%) respondents disagreeing with the statement did so on the grounds that the system used to be better and/or other countries' systems are better. Waiting lists (21%), poor management and funding cuts (18%), poor quality of service (18%) and shortages of doctors (15%) are all cited as factors undermining a sense of pride in our health care system.

> *"We have to wait a year for a cataract operation. How can you function well when you can't see properly? We don't have enough medical machines like MRI's. We have to go to the U.S. for medical attention because of long waits. That's unacceptable."*
>
> *"It's gone down hill in the past 3 years."*
>
> *"Emergency room service is poor in some hospitals, requiring long waits of up to 2 hours even when there is no one else waiting. How available is that?"*
>
> *"Doctors are so pressured for time that they neglect to look at the overall health of patients and try to isolate problems as having only one cause."*
>
> *"All the good doctors have moved to the USA."*
>
> *"Availability is good ... Quality and timeliness is not good."*

Nation-wide survey

While most responding to the household survey agreed that Canada is one of the best countries to live in due to our health care system, this is even more evident among Ontarians overall. In all, nearly nine-in-ten (87%) agreed with this proposition and close to half (46%) did so strongly. This compares with only three-quarters (74%) agreeing and less than a third (30%) doing so strongly among respondents to the household survey.

Just as Ontarians are well ahead of the rest of the country in positive assessments of their health care system, they are also more likely to agree about the desirability of living in Canada because of our health care system (87% versus 79%).

Taken together with their overall evaluation of the health care system in Ontario, it is apparent that Ontarians are relatively more satisfied with their health care system overall than those living in other parts of the country.

Table 67: Level of Agreement: Canada is one of the best Countries to live in due the Health Care System: National and Household Surveys

	National Total (n=1191) %	Ontario (n=800) %	ROC (n=746) %	Household Survey (n=401473) %
TOTAL AGREE	**82**	**87**	**79**	**74**
Strongly agree	37	46	32	30
Somewhat agree	45	41	47	44
TOTAL DISAGREE	**16**	**11**	**19**	**21**
Somewhat disagree	11	8	13	13
Strongly disagree	5	3	6	8
No answer	2	2	2	5

V. Ratings of the Health Care System

B. Personal Experience with the Health Care System

i. Household survey

Personal experiences with the health care system are invariably more positive than overall perceptions of the system. In fact, when asked to rate their own experiences, a majority of Ontarians rated the level of health care which they received as "excellent" or "good" (55%), and only slightly more than one-in-ten (12%) of respondents rated their personal experiences as "poor". By comparison, only 41% of those returning questionnaires rated the health care system in the province as "excellent" or "good". This suggests that the lower level of satisfaction with the overall health care system may not be based simply on personal experience.

Further evidence for this is that people who had positive personal experiences with the health care system often rated the overall system more negatively than their personal experience. For example, of the people who rated the health care they have personally received over the past year as "excellent", only 32% rated Ontario's overall health system as "excellent". They were much more likely to rate the system as "good", "fair" or "poor" (64%). Likewise, of those who rated their personal experience as "good", 35% rated the overall system as "fair" or "poor", and only 1% rated it as "excellent".

There are significant differences in satisfaction levels with personal health care experiences based on age. Among under 54 years of age about half rated their experience as "excellent" or "good". Those who are older than this tended to be more positive. This is particularly true of seniors, two-thirds (66%) of whom rated the quality of the health care they had personally received as "excellent" or "good".

Regionally, there are few variations in rating personal experiences with the health care system. The two exceptions to this are Central Ontario, whose residents rated their personal health care experiences significantly higher than the provincial average (62%), and Northern Ontario, whose residents were significantly less likely to provide a positive rating of their personal experience with the health care system (46%).

V. Ratings of the Health Care System

Table 68: Ratings of the Quality of the Level of Health Care Personally Received in the last Year by Gender and Age

		Gender		Age					
	Total (n=401473) %	Male (n=124805) %	Female (n=223463) %	Under 25 (n=8178) %	25-34 (n=44232) %	35-44 (n=70711) %	45-54 (n=81007) %	55-64 (n=70384) %	65+ (n=113942) %
TOTAL EXCELLENT/GOOD	**55**	**58**	**55**	**48**	**50**	**48**	**49**	**56**	**66**
Excellent	12	15	11	9	9	9	9	13	19
Good	43	43	44	39	41	39	40	43	47
Fair	28	26	29	33	33	33	33	28	21
Poor	12	11	11	16	14	15	14	11	7
No answer	5	5	5	3	3	4	4	5	6

How would you rate the quality of the overall level of health care you have personally received over the past year? Would you say it is…?
Base: Total respondents

Table 69: Ratings of the Quality of the Level of Health Care Personally Received in the last Year by Region

		Region						
	Total (n=401473) %	Northern Ontario (n=29762) %	South-Western Ontario (n=87585) %	Eastern Ontario (n=59580) %	Central Ontario (n=28572) %	905 (n=66028) %	Hamilton Niagara (n=28954) %	Toronto (n=57970) %
TOTAL EXCELLENT/GOOD	**55**	**46**	**54**	**56**	**62**	**58**	**55**	**57**
Excellent	12	9	12	13	15	13	12	13
Good	43	37	42	43	47	45	43	44
Fair	28	32	29	28	25	28	29	28
Poor	12	17	12	11	9	10	11	11
No answer	5	5	5	5	4	4	5	4

How would you rate the quality of the overall level of health care you have personally received over the past year? Would you say it is…?
Base: Total respondents

Table 70: Quality of Ontario's Health Care System by Rating of Personal Health Care Received

Quality of Ontario's Health Care System...	Personal Health Care Received			
	Excellent (n=49428) %	**Good (n=170245) %**	**Fair (n=114064) %**	**Poor (n=47595) %**
Total Excellent/Good	**86**	**61**	**10**	**3**
Excellent	32	1	<1	<1
Good	54	60	10	3
Fair	8	31	63	20
Poor	2	4	24	73
DK/NA/REF	4	4	3	4

How would you rate the quality of Ontario's health care system? Would you say it is ... How would you rate the quality of the overall level of health care you have personally received over the past year? Would you say it is...?
Base: Total respondents.

ii. Nation-wide survey

While, as noted, those responding to the household survey were more positive about their own experiences than about the system overall, Ontario residents generally are considerably more positive about their own experiences than is indicated from the household survey results. In all, seven-in-ten (70%) report that their own experiences with the healthcare system in the province have been excellent or good. In fact, a fifth (19%) rate these experiences as excellent.

When these responses are compared with the ratings of the system overall a considerable gap remains (70% versus 55%), which confirms that there are factors at work driving assessments of the system beyond the personal experiences of individual users and their family members.

Comparisons with the rest of the country again show that Ontario residents are more positive on this dimension, although the differences are not quite as large as for the other broad rating scales. In all, 65% of those outside of Ontario rate their personal experiences with their provincial health care system as excellent or good, compared with 70% among Ontarians.

Table 71: Perceptions Regarding the Quality of Health Care Personally Received in the last Year – National and Household Surveys

	National Total (n=1191) %	Ontario (n=800) %	ROC (n=746) %	Household Survey (n=401473) %
TOTAL EXCELLENT/GOOD	**67**	**70**	**65**	**55**
Excellent	18	19	17	12
Good	49	51	48	43
Fair	21	20	22	28
Poor	6	6	6	12
No answer	6	4	7	5

V. Ratings of the Health Care System

C. Level of Improvement of Health Care in the Community

i. Household survey

Although ratings of the health care system overall are mixed and those returning surveys generally reported positive personal experiences using the system, there is a clear sense among a majority of Ontarians that the overall quality of health care has decreased over the past few years. In all, 62% told us that they felt the quality of health care has gone down "somewhat" (34%) or gone down "a great deal" (28%). Moreover, only one-in-ten respondents believe that it has "improved", and only two-in-ten believe it has "stayed the same".

While majorities in all demographic groups believe that the quality of health care in their communities has decreased, those who were significantly less likely to say this include those under the age of 25 (50%), seniors (52%), those living in Central Ontario (57%), and those living in the suburban areas surrounding Toronto (56%).

In contrast, those aged 45-54 (72%) and those living in Northern Ontario (72%) were significantly more likely to believe that the quality of health care has decreased. Females (64%) were more likely than males (57%) to believe that the level of health care in the province has decreased over the past few years.

Given that the sense of declining quality is quite pervasive, it is not surprising that even among the many who rated their own experiences with the health care system as "excellent" or "good" there was a perception that the level of care is decreasing. For example, half (54%) of those who rated their personal health care experience as "good" feel the quality of health care available in their community to be going down. This was far less the case, though, among those who rated their personal experiences as "excellent". Among this group a quarter (26%) believe the overall quality of the health care system has gone down. While these proportions are significantly lower than the provincial average, they are striking given that even many of those with a more positive view of the system perceive the quality of health care available to be decreasing.

V. Ratings of the Health Care System

Table 72: Level of Improvement in Overall Quality of Health Care Available in Community by Gender and Age

		Gender		Age					
	Total (n=401473) %	Male (n=124805) %	Female (n=223463) %	Under 25 (n=8178) %	25-34 (n=44232) %	35-44 (n=70711) %	45-54 (n=81007) %	55-64 (n=70384) %	65+ (n=113942) %
TOTAL IMPROVED	**10**	**13**	**10**	**13**	**9**	**8**	**8**	**10**	**15**
Improved a great deal	2	3	2	2	1	1	1	2	3
Improved somewhat	8	10	8	11	8	7	7	8	12
Stayed the same	20	23	19	26	23	20	16	17	24
TOTAL GONE DOWN	**62**	**57**	**64**	**50**	**58**	**66**	**72**	**67**	**52**
Gone down somewhat	34	33	34	31	34	35	36	35	31
Gone down a great deal	28	24	30	19	24	31	36	32	21
No answer	8	7	7	11	10	6	4	6	9

Over the past few years, would you say that the overall quality of health care available in your community has...?
Base: Total respondents

V. Ratings of the Health Care System

Table 73: Level of Improvement in Overall Quality of Health Care Available in Community by Region

		Region						
	Total (n=401473) %	Northern Ontario (n=29762) %	South-Western Ontario (n=87585) %	Eastern Ontario (n=59580) %	Central Ontario (n=28572) %	905 (n=66028) %	Hamilton Niagara (n=28954) %	Toronto (n=57970) %
TOTAL IMPROVED	**10**	**9**	**11**	**9**	**17**	**12**	**9**	**9**
Improved a great deal	2	2	2	2	4	2	2	2
Improved somewhat	8	7	9	7	13	10	7	7
Stayed the same	20	14	18	19	20	24	19	23
TOTAL GONE DOWN	**62**	**72**	**65**	**65**	**57**	**56**	**65**	**58**
Gone down somewhat	34	32	35	36	33	34	36	34
Gone down a great deal	28	40	30	29	24	22	29	24
No answer	8	5	6	7	6	8	7	10

Over the past few years, would you say that the overall quality of health care available in your community has…?
Base: Total respondents

Table 74: Perceived Direction of the Health Care System by Ratings of Personal Experience

		Rating of Quality of Health Care Personally Received			
	Total (n=401473) %	Excellent (n=49428) %	Good (n=170245) %	Fair (n=114064) %	Poor (n=47595) %
TOTAL IMPROVED	**10**	**31**	**13**	**3**	**1**
Improved a great deal	2	11	2	<1	<1
Improved somewhat	8	20	11	3	1
Stayed the same	20	32	27	12	6
TOTAL GONE DOWN	**62**	**26**	**54**	**81**	**89**
Gone down somewhat	34	19	39	40	20
Gone down a great deal	28	7	15	41	69
No answer	8	11	6	4	4

Over the past few years, would you say that the overall quality of health care available in your community has ... improved "a great deal", improved "somewhat", stayed the same, gone down "somewhat", gone down" "a great deal"?
Base: Total respondents

V. Ratings of the Health Care System

Ontarians gave a variety of reasons for believing that the quality of health care in the community is decreasing. Those responding to the survey generally provided examples relating to two key areas - waiting times for accessing services (53%) and shortages of doctors (40%) and nurses and other staff (18%). In addition, a few respondents cited the poor quality of care provided by various service providers (17%), and the lack of beds and hospital closures (10%). In contrast, those who feel service is improving reported improving hospital care (38%), hospital renovations and expansions (20%) and new hospitals/clinics (13%) as the reasons for their rating. These findings do suggest that accessibility to health care services appears to be playing a significant role in driving perceptions of the direction of the quality of care available in the province.

"I saw one nurse in tears because she couldn't give the care she wanted to give."

"Waiting lists are growing longer."

"Lost our maternity ward, almost lost our hospital, doctor shortage, ambulance service cuts, etc."

"Doctors leaving the area, emergency closed 8 hours/day."

"Physicians over-extended, demoralized, losing interest in being efficient, caring and thorough."

"Nurses are stressed."

"Long waits in emergency."

"Very few doctors, not enough nurses."

Table 75: Why Respondents Believe the Overall Quality of Health Care Available in their Community has "improved somewhat/improved a great deal" by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Excellent/improving hospital care	38	39	37	26	34	38	44	42
Hospital renovations/expansions	20	19	21	26	32	19	15	15
New hospitals/clinics	13	17	11	13	9	21	12	12
Waiting for health care services	11	12	11	11	13	10	15	9
Shortage of doctors/no doctors/hard to get appointment/leave for US/doctors overworked/have no time	9	8	9	13	2	12	8	9
Costs are up/need more gov't funding/ medications cost more/OHIP covers less	4	3	4	2	-	2	5	5
Shortage of nurses/staff	4	2	4	2	6	2	7	3
Poor care in hospitals/services gone down/dirty	3	3	3	4	2	4	3	2
Has not changed/stayed the same	2	3	2	2	2	4	-	2
Shorter hospital stays/patients sent home too quickly/ER redirect/people turned away from ER	2	3	2	-	2	-	3	3
Fewer beds available/hospital closures	1	-	2	2	4	-	-	1
Don't use system/rarely go there	2	3	2	2	4	-	3	1
Other	8	9	8	9	8	6	10	6

Table 76: Why Respondents believe the Overall Quality of Health Care Available in their Community has "improved somewhat/improved a great deal" by Region

		Region				
	Total %	Toronto %	Central/905 Hamilton/ Niagara %	South Western Ontario %	Eastern Ontario %	Northern Ontario %
Excellent/improving hospital care	38	42	38	35	38	40
Hospital renovations/expansions	20	3	25	22	16	13
New hospitals/clinics	13	16	18	10	14	20
Waiting for health care services	11	19	11	11	11	7
Shortage of doctors/no doctors/hard to get appointment/leave for US/doctors overworked/ have no time	9	6	4	17	5	13
Costs are up/need more gov't funding/ medications cost more/OHIP covers less	4	8	1	5	5	-
Shortage of nurses/staff	4	3	5	5	3	-
Poor care in hospitals/services gone down/dirty	3	6	2	2	5	-
Has not changed/stayed the same	2	-	3	1	3	-
Shorter hospital stays/patients sent home too quickly/ER redirect/people turned away from ER	2	6	2	1	3	-
Don't use system/rarely go there	2	6	2	1	3	-
Fewer beds available/hospital closures	1	-	2	1	3	-
Other	8	11	5	9	3	13

V. Ratings of the Health Care System

Table 77: Why Respondents Believe the Overall Quality of Health Care Available in their Community has "stayed the same" by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Has not changed/stayed the same	41	44	37	44	38	39	31	43
Waiting for health care services	29	28	32	33	37	27	38	22
Shortage of doctors/no doctors/hard to get appointment/leave for US/doctors overworked/have no time	21	17	25	25	26	27	17	12
Excellent/improving hospital care	6	6	7	2	1	6	8	10
Costs are up/need more gov't funding/ medications cost more/OHIP covers less	5	6	3	1	1	8	8	5
Shortage of nurses/staff	6	4	6	4	6	4	8	8
Don't use system/rarely go there	5	4	6	6	7	6	4	4
Less beds available/less hospitals/ hospital closures	4	3	5	4	1	7	4	5
Shorter hospital stays/patients sent home too quickly/ER redirect/people turned away from ER	3	3	4	1	2	4	6	3
Poor care in hospitals/services gone down/dirty	4	5	2	4	2	2	6	4
New hospitals/clinics	<1	-	1	1	-	1	-	-
Other	3	4	3	1	2	4	2	5

Table 78: Why Respondents Believe the Overall Quality of Health Care Available in their Community has "stayed the same" by Region

		Region				
	Total %	Toronto %	Central/905/ Hamilton/ Niagara %	South Western Ontario %	Eastern Ontario %	Northern Ontario %
Has not changed/stayed the same	41	51	39	34	53	14
Waiting for health care services	29	24	32	30	24	45
Shortage of doctors/no doctors/hard to get appointment/leave for US/doctors overworked/ have no time	21	5	21	26	19	45
Excellent/improving hospital care	6	3	7	7	3	9
Costs are up/need more gov't funding/ medications cost more/OHIP covers less	5	4	7	3	2	9
Shortage of nurses/staff	6	3	8	4	6	9
Don't use system/rarely go there	5	8	4	8	3	-
Less beds available/less hospitals/hospital closures	4	5	4	5	3	5
Shorter hospital stays/patients sent home too quickly/ER redirect/people turned away from ER	3	5	3	3	3	-
Poor care in hospitals/services gone down/dirty	4	3	5	1	5	9
New hospitals/clinics	<1	-	-	2	-	-
Other	3	7	1	5	-	14

Table 79: Why Respondents Believe the Overall Quality of Health Care Available in their Community has "gone down somewhat/gone down a great deal" by Gender and Age

		Gender		Age				
	Total %	Male %	Female %	Under 35 %	35-44 %	45-54 %	55-64 %	65+ %
Waiting for health care services	53	54	53	54	58	57	53	45
Shortage of doctors/no doctors/hard to get appointment/leave for US/doctors overworked/have no time	40	36	42	47	46	42	37	31
Shortage of nurses/staff	18	15	19	11	17	18	19	21
Poor care in hospitals/services gone down/dirty	17	17	16	15	15	18	14	19
Less beds available/less hospitals/ hospital closures	10	11	9	9	10	11	10	9
Costs are up/need more gov't funding/ medications cost more/OHIP covers less	7	7	7	8	7	8	7	6
Shorter hospital stays/patients sent home too quickly/ER redirect/people turned away from ER	6	6	7	6	5	8	8	5
Has not changed/stayed the same	2	2	1	2	1	1	1	3
Other	5	4	5	3	2	5	5	8

Table 80: Why Respondents Believe the Overall Quality of Health Care Available in their Community has "gone down somewhat/gone down a great deal" by Region

		Region				
	Total %	Toronto %	Central/905/ Hamilton/ Niagara %	South Western Ontario %	Eastern Ontario %	Northern Ontario %
Waiting for health care services	53	56	53	52	56	49
Shortage of doctors/no doctors/hard to get appointment/leave for US/doctors overworked/ have no time	40	18	39	51	33	55
Shortage of nurses/staff	18	19	19	19	16	16
Poor care in hospitals/services gone down/dirty	17	23	17	10	24	12
Less beds available/less hospitals/hospital closures	10	12	9	8	12	7
Costs are up/need more gov't funding/ medications cost more/OHIP covers less	7	9	9	5	5	6
Shorter hospital stays/patients sent home too quickly/ER redirect/people turned away from ER	6	11	6	5	5	6
Has not changed/stayed the same	2	1	2	2	1	-
Other	5	5	4	5	7	7

ii. Nation-wide survey

Although a significant majority (62%) of those responding to the household survey reported that they believed the overall quality of the health care system in their community had gone down, among residents of the province overall, less than half (45%) believe this. Further, while over a quarter (28%) responding to the household survey believed that the quality of care in their community had gone down a great deal, only 14% believe this among Ontarians overall.

Clearly, though, a substantial number believe the system has declined in quality, but the same could be said for Canadians living outside of Ontario. In fact, the proportion of those in other provinces who believe that the quality of the health care system in their community has declined over the past few years is slightly higher than the proportion who believe this in Ontario (48% and 45%, respectively).

Table 81: Level of Improvement in Overall Quality of Health Care Available in Community – National and Household Survey

	National Total (n=1191) %	Ontario (n=800) %	ROC (n=746) %	Household Survey (n=401473) %
TOTAL IMPROVED	**15**	**15**	**14**	**10**
Improved a great deal	3	3	3	2
Improved somewhat	12	12	11	8
Stayed the same	34	36	34	20
TOTAL GONE DOWN	**47**	**45**	**48**	**62**
Gone down somewhat	32	31	33	34
Gone down a great deal	15	14	15	28
No answer	4	4	4	8

VI. Priorities

VI. Priorities

A. Ranking

i. Household survey

In order to identify the public's key priorities for our health care system, two sets of questions were asked. The first set asked respondents to rate eight possible priorities in order of importance.

No one priority dominates, although a variety of areas are seen as important. Three areas which emerge as the most important are "Increasing the number of doctors and nurses in the system" (35% ranked it as the number one priority), closely followed by "Providing improved access to early diagnostic tools to catch illnesses earlier, when chances of treating the illnesses are better" (29%) and "Refocusing the health care system on keeping people well in the first place, instead of treating them after they get sick" (27%). Of these priorities, the first two are the most important, with close to half of those responding making them a first or a second priority. The other area that is somewhat important as a priority is "reducing waiting lists". Close to a quarter (22%) made this their most important priority and close to four-in-ten (38%) made it a first or second choice.

The lowest priorities for the health care system, in contrast, emerge as "Re-organizing the system to allow people to stay in their own homes for as long as possible" (35% rated it least or second least important) and "Increasing the number of drugs the government provides to seniors and the economically disadvantaged" (39% rated it least or second least important). Other areas of lower priority are: "Improving the access to state-of-the-art health care", which 16% made a first priority and a further 10% a second priority; and "Providing more access to a greater variety of treatments in your local community", with 22% making this a first or second priority.

Further analysis of the ranking provides important insight regarding regional and demographic priorities. For example, Northern Ontarians were the most likely to rank "Increasing the number of doctors and nurses in the system" as the most important priority of the health care system (46%). This is likely as a result of a shortage of health care providers practising in that part of the province.

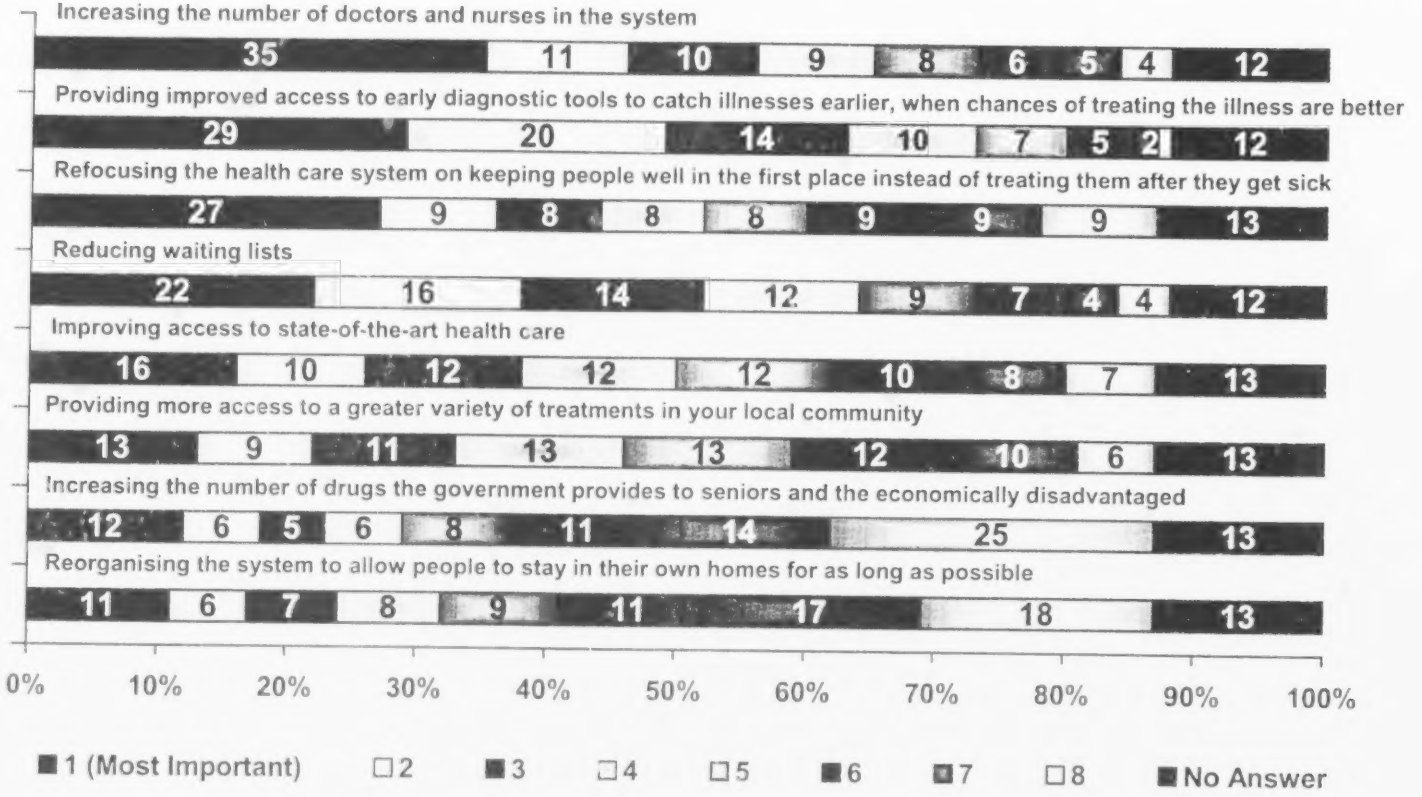
On the other hand, those living in Toronto are the least likely to rank the number of doctors and nurses as a priority (27%). In fact, Toronto residents ranked "Providing improved access to early diagnostic tools" and "Reducing waiting lists" as more important priorities, suggesting that the issues of importance for the population of Canada's largest city are quite different from those outside of the city. Again, this is likely reflecting the fact that, in comparison to many other parts of the province, Toronto does not suffer a shortage of health care providers.

Finally, those with lower education and income levels tend to be more concerned about programs that would reduce their personal health care expenses. For example, those who have not graduated from high school and those who live in households with an income of less than $25,000 are more likely (both at 19%) than the provincial average (12%) to rank "Increasing the number of drugs the government provides to seniors and the economically disadvantaged" as the most important issue that the government should address. There is also some tendency for seniors to give this area some priority. However, only 17% of seniors made increasing the number of drugs a first priority and only a quarter (23%) made it a first or second priority. The implication here is that, relative to other priorities, for both seniors and the economically disadvantaged, this priority is only somewhat more important than it is for the population overall.

Further insight into what might be driving overall evaluations of the health care system, as well as personal evaluations of the system, can be gained from analysis of the importance that these various groups give to the priorities tested. Those who evaluate the health care system and their own experiences positively tend to have somewhat different priorities than those who rank the system more negatively. In general, those who rank the system less positively tend to make greater priorities of increasing the number of doctors or nurses in the system and reducing waiting lists than do those giving a more positive evaluation. For example, among those who rate the health care system as "poor" or "fair", 46% and 39%, respectively, rate "Increasing the number of doctors and nurses in the system" as their first priority compared with 30% and 23% respectively among those who rate the system as "good" or "excellent". By contrast, those who are more positive about the health care system, or their experience with it, are more likely to give priority to illness prevention. Thus, while 34% and 30% who, respectively, rated the health care system as "excellent" or "good" make "Refocusing the health care system on keeping people well in the first place instead of treating them after they get sick "a first priority, only 24% and 25%, respectively, of those who rated the health care system "poor" or "fair" did so.

VI. Priorities

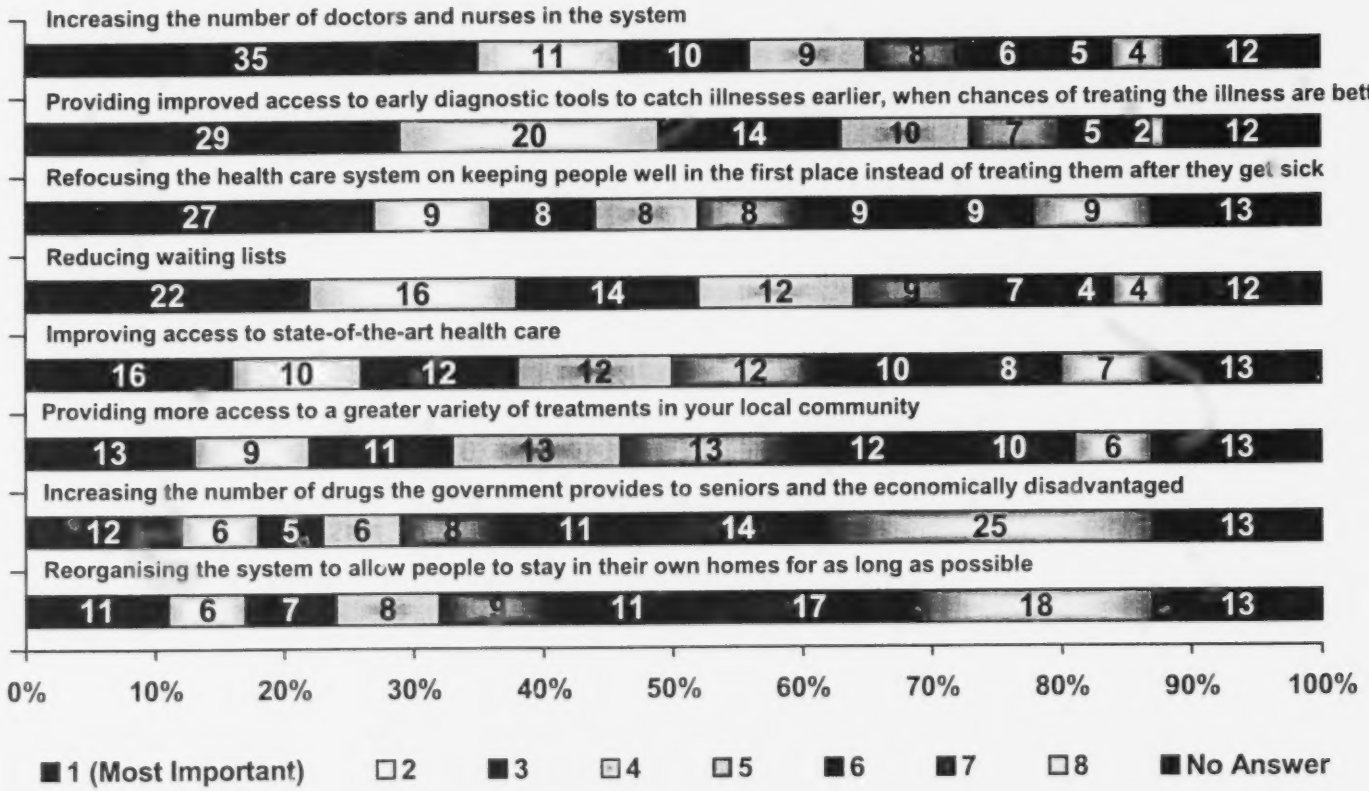
Figure 8: Importance of Priorities for our Health Care System



Rank the importance of these priorities for our healthcare system with 1 being the most important and 8 being the least important
Base: Total respondents (n=401,473)

VI. Priorities

Figure 8: Importance of Priorities for our Health Care System



Rank the importance of these priorities for our healthcare system with 1 being the most important and 8 being the least important
Base: Total respondents (n=401,473)

ii. Nation-wide survey

Although in most cases the Ontario and rest of Canada results are quite similar to those found in the household survey, there are three significant differences between the household findings and those of the province-wide survey. First, equal numbers of Ontarians cite the human resource priority and the early diagnosis priority as their first choice (approximately a quarter cites each as their priority). Among household respondents, the human resource priority was significantly more important than early diagnosis (35% versus 29%).

The second difference involves the rating of reduced waiting lists as a priority. The household survey found that more than one-in-five respondents made this their first priority. The province wide survey, on the other hand, shows that only one-in-ten (11%) make this a first priority. Similarly, when first and second choices are combined, 23% of Ontarians overall make reduced waiting lists a priority while close to four-in-ten (38%) household respondents did so.

The third difference is the reduced importance of improved access to state of the art technology. In all, a quarter (26%) of household respondents made this a first or second choice as a priority compared with only 10% among the Ontario public overall.

When Ontario and the rest of the country are compared, few significant differences are apparent. The most significant variation is the slightly lower priority in Ontario given to wellness, defined in the survey as keeping people well in the first place. In Ontario, a third made it a first or second choice, whereas in the rest of the country 40% did so.

Table 82: Health Care Priorities – First and Second Choices – National and Household Survey

	National Total (n=1191) %			Ontario (n=800) %			ROC (n=746) %			Household Survey (n=401473) %		
Priority	*1.*	*2.*	*T.**	*1.*	*2.*	*T.*	*1.*	*2.*	*T.*	*1.*	*2.*	*T.*
Increasing the number of doctors and nurses in the system	25	18	(43)	24	17	(41)	25	19	(44)	35	11	(46)
Keeping people well in the first place	22	15	(37)	19	14	(33)	24	16	(40)	27	9	(36)
Improved access to early diagnostic tools to catch illness earlier	21	20	(41)	23	21	(44)	20	20	(40)	29	20	(49)
Reduced waiting lists	13	14	(27)	11	12	(23)	14	14	(28)	22	16	(38)
Improving access to state-of-art health care	5	7	(12)	4	6	(10)	5	7	(12)	16	10	(26)
Allowing people to stay in their homes for as long as possible	6	9	(15)	7	10	(17)	5	9	(14)	11	6	(17)
Increasing the number of drugs the government provides to seniors	3	7	(10)	3	8	(11)	3	7	(10)	12	6	(18)
Providing greater access to a variety of treatments in your community	3	6	(9)	4	7	(11)	3	6	(9)	13	9	(22)

* *T stands for the combined first and second choice totals.*

B. Forced Choices

Keeping people well vs. improving services

The second set of questions that were asked to identify the key priorities for our health care system focused on some of the difficult choices the province faces in making health care decisions. Respondents were asked in this set of questions to choose between health care priorities.

In the first set of choices, the public was evenly divided, with similar numbers choosing "keeping people well in the first place" and "improving services for people who are already ill" (50% of those responding to the survey chose to keep people well in the first place, 50% to improve services for people who are already ill). A relatively high proportion (17%) could not, or would not, choose between the priorities. This "indecision" between the two choices is consistent across all demographic groups.

There is some evidence that those who are reasonably satisfied with the health care system are more likely to prioritize "keeping people well in the first place". Likewise, the less positively a person rated Ontario's health care system, the more likely they are to have choosen "improving services". For example, whereas only 35% of those who rated the health care system as "excellent" chose "improving services", 44% of those who rated it "good", 54% of those who rated it "fair" and 60% of those who rated it "poor" chose it. The implication here is that those who are reasonably positive about the province's health care system most likely believe that services are reasonably good for those who are already ill and therefore they are less likely to believe improvement is required. They instead turn their attention to the prevention priority. This confirms the points made earlier regarding the importance of the human resources for those already ill and in the system.

The importance of improving the service delivery aspects of health care is also confirmed by the finding that the more someone uses health services, the more likely they are to choose "improving services for those who are already ill". For example, of those who had used 0-3 health services recently, 46% said they would choose improving services over keeping people well. In contrast, 56% of those who used 6-9 health services recently chose "improving services for people who are already ill". This again implies that heavier users of the system focus on service delivery, simply because they are using the system more heavily.

VI. Priorities

Just as those responding to the household survey were divided over the priorities of wellness versus caring for those already ill, Ontario residents overall are equally divided. Among household respondents with an opinion, 50% and 50%, respectively, opted for wellness versus improving services for those who are already ill, and among Ontario residents overall 47% and 50% respectively do so. The same basic pattern is repeated for the rest of the country.

State of the art technology vs. additional staff

When the choices to be made contrasted investment in technology versus investment in additional staff, having additional nurses and other staff to improve patient care is the clear choice for the survey respondents. In all, 69% of respondents indicate that they would improve patient care over investing in new, state-of-the-art life-saving technologies. As above, those who rated the province's health care system as excellent are significantly less likely (56%) to choose additional staff over technology. Again, presumably they believe the human resources side of health care is adequate and therefore are focused on the other priority. Across all demographic and regional groupings a large majority endorse the importance of additional nurses and other staff.

The basic pattern of a strong emphasis on human resources over technology is apparent both for the province overall and for the rest of the country.

More services to communities vs. providing increased access to specialized care

In the last set of choices, respondents were asked to choose between "delivering more services in local communities" and "providing increased access to specialized care in research and academic hospitals". For the majority of respondents (62%), increasing community services is the clear choice over increased access to specialised care (38%). This was true across all demographic groups, although there are regional differences. Those from Northern Ontario (72%) and from Central Ontario (72%) are significantly above the norm in choosing "delivering more services in local communities". In contrast, those living in Toronto are significantly less likely to choose more services for local communities (52%). Presumably, many Torontonians are reasonably satisfied with the access to services in their local community.

While there is a clear preference among those responding to the household survey for local service delivery over increased access to specialized care in research and academic hospitals (and presumably for many this means outside their community), among Ontario residents overall there is no clear preference. Almost equal numbers (51% for local service delivery versus 46% for specialist centres) opt for each choice. Clearly, the specialist centres have some appeal, especially in major urban areas. A similar pattern is apparent for the rest of the country, although there is more of a tilt toward local community services (54% versus 43%).

Table 83: Importance of Health Care Choices: Keeping People well vs. Improving Services by Gender and Age

		Gender		Age					
	Total (n=401473) %	Male (n=124805) %	Female (n=223463) %	Under 25 (n=8178) %	25-34 (n=44232) %	35-44 (n=70711) %	45-54 (n=81007) %	55-64 (n=70384) %	65+ (n=113942) %
Keeping people well in the first place	41 (50)	42 (51)	41 (49)	50 (55)	47 (53)	42 (48)	39 (46)	40 (49)	40 (52)
Improving services for people who are already ill	42 (50)	40 (49)	44 (51)	40 (45)	42 (47)	45 (52)	46 (54)	43 (51)	37 (48)
No answer	17	18	5	10	11	13	15	17	23

In the next several questions you will be presented with some choices facing the health care system today. For each set of choices, please tell us which one is most important to you by circling your choice.

Base: Total respondents

Note: Numbers in brackets are "don't knows" and "refusals" excluded from the calculations.

Table 84: Importance of Health Care Choices: Keeping People well vs. Improving Services by Region

		Region						
	Total (n=401473) %	Northern Ontario (n=29762) %	South-Western Ontario (n=87585) %	Eastern Ontario (n=59580) %	Central Ontario (n=28572) %	905 (n=66028) %	Hamilton Niagara (n=28954) %	Toronto (n=57970) %
Keeping people well in the first place	41 (50)	39 (47)	42 (50)	41 (48)	44 (52)	42 (50)	40 (48)	43 (51)
Improving services for people who are already ill	42 (50)	45 (53)	42 (50)	43 (52)	40 (48)	42 (50)	43 (52)	40 (49)
No answer	17	16	16	16	16	16	17	17

In the next several questions you will be presented with some choices facing the health care system today. For each set of choices, please tell us which one is most important to you by circling your choice.

Base: Total respondents

Note: Numbers in brackets are "don't knows" and "refusals" excluded from the calculations.

Table 85: Importance of Health Care Choices: Investing in Technology vs. Increasing the Number of Nurses by Gender and Age

		Gender		Age					
	Total (n=401473) %	Male (n=124805) %	Female (n=223463) %	Under 25 (n=8178) %	25-34 (n=44232) %	35-44 (n=70711) %	45-54 (n=81007) %	55-64 (n=70384) %	65+ (n=113942) %
Investing in new, state-of-the-art life-saving technologies	25 (31)	30 (37)	23 (27)	27 (30)	28 (32)	28 (33)	25 (30)	26 (32)	21 (28)
Having additional nurses and other staff to improve patient care	56 (69)	50 (63)	61 (73)	62 (70)	60 (68)	57 (67)	59 (70)	55 (68)	54 (72)
No answer	19	20	16	11	12	15	16	19	25

In the next several questions you will be presented with some choices facing the health care system today. For each set of choices, please tell us which one is most important to you by circling your choice.

Base: Total respondents

Note: Numbers in brackets are "don't knows" and "refusals" excluded from the calculations.

Table 86: Importance of Health Care Choices: Investing in Technology vs. Increasing the Number of Nurses by Region

		Region						
	Total (n=401473) %	Northern Ontario (n=29762) %	South-Western Ontario (n=87585) %	Eastern Ontario (n=59580) %	Central Ontario (n=28572) %	905 (n=66028) %	Hamilton Niagara (n=28954) %	Toronto (n=57970) %
Investing in new, state-of-the-art life-saving technologies	25 (31)	21 (25)	23 (28)	25 (31)	23 (28)	29 (35)	24 (29)	27 (34)
Having additional nurses and other staff to improve patient care	56 (69)	62 (75)	59 (72)	57 (69)	60 (72)	53 (65)	58 (71)	53 (66)
No answer	19	17	18	18	17	18	18	20

In the next several questions you will be presented with some choices facing the health care system today. For each set of choices, please tell us which one is most important to you by circling your choice.

Base: Total respondents

Note: Numbers in brackets are "don't knows" and "refusals" excluded from the calculations.

Table 87: Importance of Health Care Choices: Delivering more local Services vs. Increasing Access to Specialized Care by Gender and Age

		Gender		Age					
	Total (n=401473) %	Male (n=124805) %	Female (n=223463) %	Under 25 (n=8178) %	25-34 (n=44232) %	35-44 (n=70711) %	45-54 (n=81007) %	55-64 (n=70384) %	65+ (n=113942) %
Delivering more services in local communities	48 (62)	46 (60)	52 (64)	52 (60)	52 (60)	51 (61)	51 (63)	48 (62)	45 (65)
Providing increased access to specialised care in research and academic hospitals	30 (38)	31 (40)	29 (36)	35 (40)	35 (40)	33 (39)	31 (37)	30 (38)	25 (35)
No answer	22	23	19	13	13	16	18	22	30

In the next several questions you will be presented with some choices facing the health care system today. For each set of choices, please tell us which one is most important to you by circling your choice.

Base: Total respondents

Note: Numbers in brackets are "don't knows" and "refusals" excluded from the calculations.

Table 88: Importance of Health Care Choices: Delivering more local Services vs. Increasing Access to Specialized Care by Region

		Region						
	Total (n=401473) %	Northern Ontario (n=29762) %	South-Western Ontario (n=87585) %	Eastern Ontario (n=59580) %	Central Ontario (n=28572) %	905 (n=66028) %	Hamilton Niagara (n=28954) %	Toronto (n=57970) %
Delivering more services in local communities	48 (62)	59 (72)	52 (65)	49 (61)	58 (72)	47 (59)	49 (63)	40 (52)
Providing increased access to specialised care in research and academic hospitals	30 (38)	22 (28)	28 (35)	31 (39)	22 (28)	33 (41)	29 (37)	37 (48)
No answer	22	19	20	20	20	20	22	23

In the next several questions you will be presented with some choices facing the health care system today. For each set of choices, please tell us which one is most important to you by circling your choice.

Base: Total respondents

Note: Numbers in brackets are "don't knows" and "refusals" excluded from the calculations.

Table 89: Choices – National and Household Surveys

	National Total (n=1191) %	Ontario (n=800) %	ROC (n=746) %	Household Survey (n=401473) %	
Priorities					
Keeping people well in the first place	51	47	54	41	(50)
Improving services for people who are already ill	46	50	43	42	(50)
No answer	3	3	3	17	
Investigating in new state-of-the-art life-saving technologies	33	31	34	25	(31)
Having additional nurses and other staff to improve patient care	64	66	63	56	(69)
No answer	3	3	3	19	
Delivering more services in the local community	53	51	54	48	(62)
Providing increased access to specialized care in research and academic hospitals	44	46	43	30	(38)
No answer	3	3	3	22	